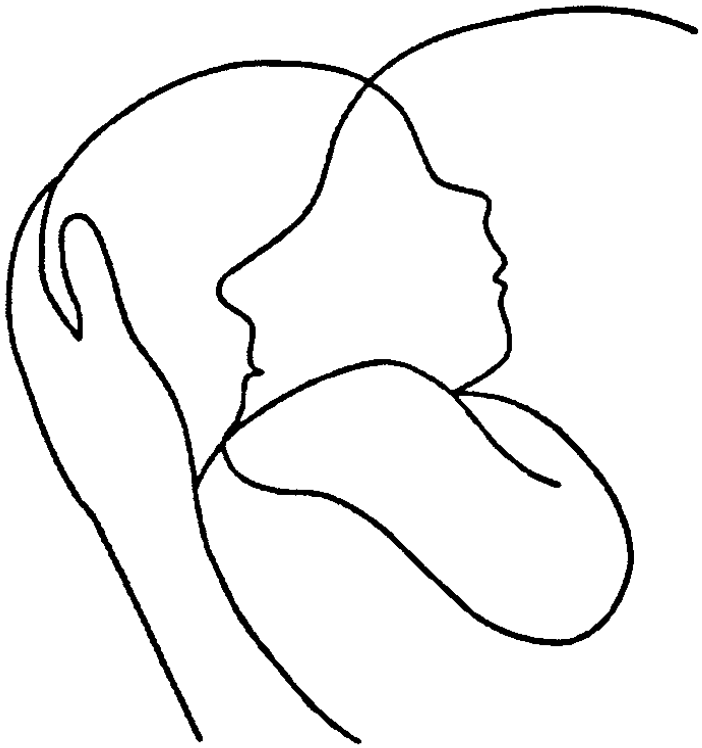
# HEALTHY MOTHER AND HEALTHY NEWBORN CARE



***A REFERENCE FOR CAREGIVERS***

MotherCare™

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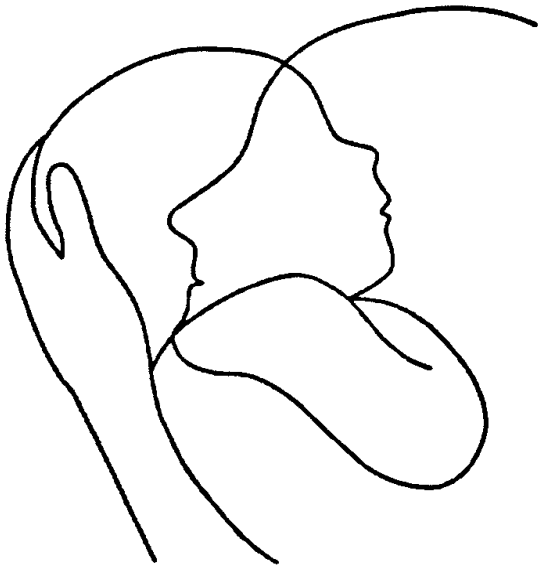
# A Reference For Care Givers



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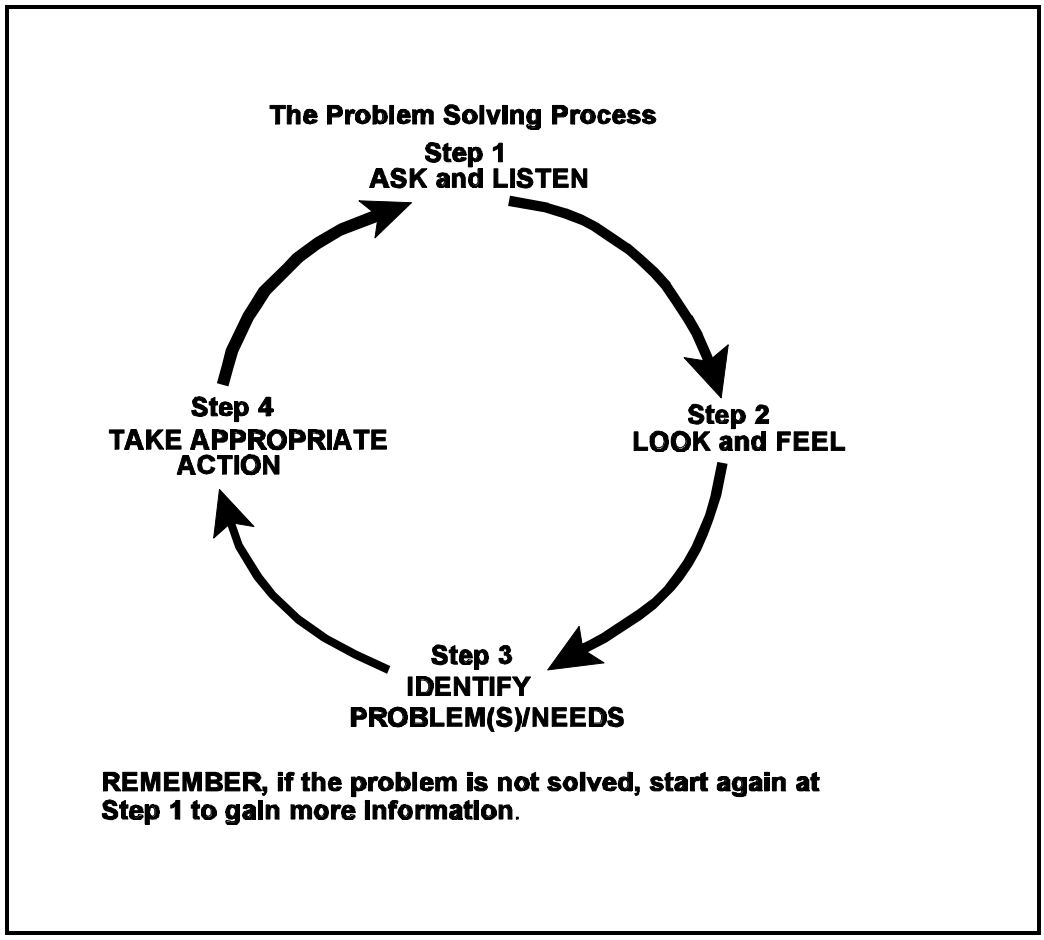
# PREFACE

***Healthy Mother and Healthy Newborn Care Manual*** brings together information on how you, the midwife, can 1) work with people in your community while 2) providing basic midwifery care. Health care is much more effective when you work together with community members to solve community problems that affect health. For that reason this manual describes a four step "Community Problem Solving Process" that can be used to identify health problems, understand their cause, and find ways to solve them. Ideas for effective ways to work with people and helping them learn new information are outlined.

Basic midwifery care, which is needed by all women and their babies during pregnancy, labor and delivery, and after delivery, is also described. A four step "Midwifery Problem Solving Process" organizes all of the clinical information in the manual to help you carefully get information so that you can better identify what problems a woman has, then plan and provide her care. The four steps of the Midwifery Problem Solving Process are:

| | | |
|---|---|---|
| 1. | ***ASK and LISTEN*** | Take the history |
| 2. | ***LOOK and FEEL*** | Do the physical examination |
| 3. | ***IDENTIFY PROBLEMS / NEEDS*** | Decide problems and care needed |
| 4. | ***TAKE APPROPRIATE ACTION*** | Give medical treatment<br>Provide education, information, advice<br>Give counselling<br>Do laboratory tests<br>Refer as necessary<br>Plan for follow-up<br>Record all actions |

If the problem is not solved, start the process over again at Step 1.




Clinical information is organized according to the antenatal, labor and delivery, and postpartum periods. It includes information on how you can screen for risk factors and do early detection of problems for both mothers and babies during these periods. Important advice and counseling you can provide to help a mother and her family prevent problems or keep them from becoming more serious is also a major focus. Infection prevention is reviewed, with a special emphasis on the labor and delivery area in a home or maternity. You will learn how to use the partograph as a tool for labor management as you provide support to the mother during her labor and delivery. A detailed community based postpartum care program, consisting of specific care activities for the mother and baby at four visits after delivery (immediately after delivery up to the first six hours , three days, two weeks, and six weeks after birth) is defined. Finally, information on family planning and reproductive tract infections has also been integrated into the care described throughout the manual.

This manual can be used by midwives and others who are trained as main care givers for the mother and her baby during pregnancy, childbirth and puerperium. Midwives may use this manual as a review of mother and newborn care for their own information and before enrolling

in Life-Saving Skills Training or other advanced midwifery training. Pre-service midwifery educators may also find it useful for their own review or as a resource for lesson plans in their basic midwifery education programs.

Close monitoring and care of a mother and her baby by a midwife during pregnancy, labor and delivery, and in the postpartum period ***CAN SAVE LIVES***. An estimated 585,000 women die as a result of pregnancy or childbirth in the world every year. Most of these deaths are due to hemorrhage, sepsis, unsafe abortion, hypertensive diseases of pregnancy, and obstructed labor. Sixty percent of the maternal deaths occur after delivery. Almost one-half of these postpartum deaths occur within the first 24 hours after delivery. The death of a mother also places her children's lives at risk. Half of the children under the age of five whose mothers die, will also die.

It is hoped that this manual will help midwives and other care givers throughout the world to provide the crucial monitoring and care needed to prevent these deaths. Midwives and care givers can use this manual to :

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- ✓ ***Give safe, respectful, and friendly care to mothers and families, thereby encouraging mother and families to return for care again and again***

- ✓ ***Follow a suggested postpartum care program to provide close monitoring of mother and baby in this neglected period***

- ✓ ***Focus on education and counseling as a critical part of care for every mother***

- ✓ ***Provide greater protection from infection for her client and herself***

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All of these components can help a midwife or other care giver provide better quality care while providing the mother and family choices that will lead to a healthier road in life for mothers, babies and families.

# ACKNOWLEDGMENTS

A great number of people have contributed to this First Edition of ***Healthy Mother and Healthy Newborn Care.*** The need was identified, ideas developed and writing began in Uganda, 1991-1992, during the ACNM/MotherCare Life-Saving Skills for Midwives Project. Some of the information in this manual was used and tested in Uganda, Vietnam and Ghana.

We would like to thank MotherCare, a centrally-funded United States Agency for International Development (USAID) project dedicated to improving the health of women and infants worldwide. MotherCare provided the funds to develop the first draft for translation, to field test it in South Kalimantan, Indonesia, and to finalize and publish this First Edition. We would also like to thank USAID directly for their support in this effort.

Special thanks is to The Hesperian Foundation, as their publication, A Book for Midwives by Susan Klein was used often for vision, guidance and illustrations. The Hesperian Foundation publications Where There is No Doctor and Where Women Have No Doctor and ACNM's Life-Saving Skills Manual (3rd Edition) also were either the direct source or provided the inspiration for many of the illustrations in this manual. Appleton & Lange generously granted permission for adaptation of illustrations from the 5th edition of *Oxorn-Foote Human Labor and Birth* by Harry Oxorn. The partograph was adapted from the WHO model.

Many thanks to all the LSS Trainers with gratitude for their dedication and invaluable assistance. The Life-Saving Skills Trainers from Uganda, Ghana, and Vietnam played vital roles in focusing content of this manual on those areas that are *critical knowledge*. From the actual process of teaching the first draft of ***Healthy Mother and Healthy Newborn Care*** manual and from their well thought out feedback, the Life Saving Skills Trainers in Indonesia contributed greatly to the refinement of this first edition.

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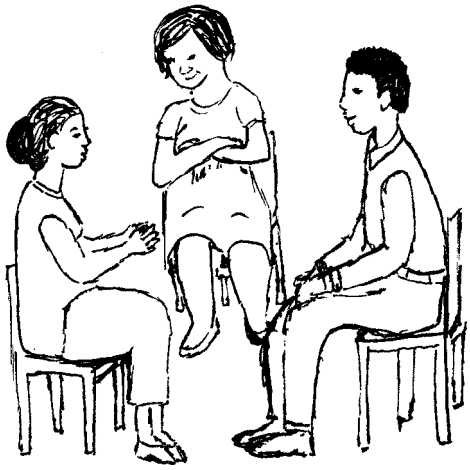
# TOPIC 1
# WORKING WITH THE COMMUNITY

## INTRODUCTION

The longer you practice as a midwife, the more you are likely to understand many reasons why women have a hard time being healthy. These reasons may include poverty, lack of medical care, lack of education, harmful beliefs, woman's position within the family, and their position within the community. Most importantly, women and their families may not have good information about the causes of common illnesses or a good understanding about what they can do to keep themselves healthy. You can work with individual women to solve some health problems, while other problems must be solved by the family, larger groups or the community as a whole. To solve many problems, and have healthy mothers and babies, the community must be aware and involved.

Midwives can work with the people in the **community** to identify health problems, understand their causes, and identify ways to solve these problems so the mothers and babies, indeed all the people in the community, are strong and healthy. When communities take action and are successful in solving health problems, everyone benefits.



**Learning About Community Members**

## HEALTHY MOTHER & HEALTHY NEWBORN CARE

As a trained midwife, you know valuable information about health and illness. Many of the ideas and information that you have will be **new ideas** to the people in the community. Your challenge is to **bridge the gap** between your information and the community's beliefs and customs so they can understand the valuable ideas you have to share. As you share these ideas and work with the people, everyone is **learning**. Often, you can share information and ask questions that will help people to decide how to **solve problems**. Sometimes, you will need to influence the way people feel (their **attitude**) about a problem. In this topic, we will review information about each of the ideas written in **bold letters**. The questions that follow each idea will help you consider how to use this information in planning how to work with a community at or near your place of work.

### OBJECTIVES

By the end of this topic you will be able to:

1. Identify a "community" you will work with to improve the health of mothers and their babies

2. Explain the causes of two maternal health problems in ways that are easily understood by the people in the community

3. Use principles of adult learning in a plan to help a group to learn something new

4. Identify steps you can take to help a community solve a problem

5. List qualities that encourage people to try a new idea

6. Identify an attitude that people in the community have about a health problem and describe a way to influence change toward a new attitude

7. Develop a plan for working with a group in your community when you return to your place of work

**WHAT DO I ALREADY KNOW?**
**Answer the following questions:**

1. What is a community?

2. What do the women in your community believe is the cause of postpartum hemorrhage?

3. What is the best way to help a mother learn about the value of colostrum?

4. Imagine that you have just heard about a new way of doing a delivery. How will you decide whether to try it?

5. Imagine that the roof is leaking at your place of work, and you get wet each day. What steps will you take to solve this problem?

## EXERCISE 1-1
## Where and Who is "The Community"?

**Community** can be defined in several different ways. Each definition seems right in at least one place, but no definition of community is useful in every situation. Most of us agree that a community is a grouping of people. But when we begin to talk about the size or type of group, we see that **community** can be:

*Geographical*: people living in a specific place, such as a town or village

*Administrative*: people living within a defined government authority (such as a city with a mayor, a district with a superintendent, or local government area with a management committee)

*Functional*: a group of like-minded people who have a common purpose for gathering, such as a religious congregation (mosque or church), economic group (organization of business people), a club or organization (Rotary, Mothers, Youth, etc.) The group may form to do just one thing, such as helping mothers to breast feed successfully.

*Ethnic:* a group of people who share one culture (beliefs, values, history, ideals, customs and institutions) living in a larger community with people of another culture

What other types of communities can you identify? List them here:

Our job as midwives is to work with the people in our communities to have healthy mothers and babies. We know that we must work with community officials, such as the village chief or the mayor. But is it enough to work with officials? The answer is that it depends upon the goal or purpose of working with the community. Most officials have many responsibilities and are very busy. They must be *informed* about problems and actions that are planned to improve health. Sometimes, such as when we want everyone to know about an immunization day, they may be the best ones to inform the people. However, we cannot expect busy officials to inform the community about ways to prevent problems such as hemorrhage and breast abscess. In some cultures, it is unacceptable for male officials to speak publicly on such topics. The people who have the problems and others who are affected by those problems must take action to solve or prevent them. For our purposes, women who have or plan to have babies, together with their families, are the ones affected by the problems.

Within **geographic** and **administrative** communities there are likely to be a number of **functional** communities. Often, these groups are interested in discussing health problems that affect their lives. Such groups are often small enough that a midwife can hold discussions with them, to learn about and provide information that can be used to solve or prevent problems. Often, functional community groups learn an idea, then share it with others. Sometimes they take on the job of explaining the new idea to everyone in the larger community!

In addition to working with community groups, remember that you meet many women and their families as you go about your work. These meetings are opportunities to discuss ideas, explain technical information and to influence community decisions and actions.

## WRITE RESPONSES TO THE FOLLOWING:

1. What is the name of the geographical or administrative community you work with, or hope to work with in the future?

2. Which officials and leaders in your community must be kept informed about health problems and activities?

3. Can you expect these officials and leaders to improve mothers' and babies' health in the community?

4. Make a list of the functional communities (groups) you know about in your community:

5. Which of the groups you listed in number 4:
   a. Have members who feel the effects of the health problems of mothers and their babies? Write an ✗ beside each.
   b. Could help to solve or prevent the problems? Make a ✓ beside each.

6. List at least two groups you can meet to discuss mother and newborn health problems when you return to your place of work:

   a.

   b.

7. In a normal work day, how many people do you have an opportunity to talk with about problems of maternal health?

   Who are these people?

## EXERCISE 1-2
## DECIDING WHETHER TO TRY NEW IDEAS

**Try to remember:**

1. Think about a new idea or way of doing something that you have tried in the past three months. Write it here.

2. Why did you decide to try it? Try to remember what you thought about, the questions you had about it, the people you discussed it with. Write your experience here:

Many of the things we advise mothers to do, and the behaviors we teach in health education, are **new ideas** to mothers. In the same way that medical researchers work to find new medicines and better ways of providing care or promoting health, communication researchers work to understand why people decide to try, or not try, new ideas. The better we understand this, the easier it will be to help people improve health. The researchers have found that people ask themselves several questions before they try a new idea.

- **!** People look for the **advantages** of the idea. "Is the new idea better than the idea we already have? Is it better than what we have been doing?"

  *"Better" may mean that it is more effective, a better value for money, more convenient, more satisfying, or even that people will respect or admire the person who does it. If they can see advantages, people are more likely to try a new idea.*

- People look at how the new idea **fits into their lives**. "Does this idea fit in with our customs, beliefs, and values? What will other people say if we use this idea?"

  *If the new idea can be used without upsetting others or challenging beliefs, people are more likely to try it.*

- People look at how **difficult** or **complicated** the new idea is. "What do I have to do or learn? How much work will it be?"

  *If the new idea is easy to learn or to do, people are more likely to try it.*

- People like to **try** new ideas in a small way, to see how they work. "Can I try it out?"

  *If the new idea can be tried out on a small scale and if it is not necessary to put in great effort or spend a lot of money, people are more likely to try it.*

- People want to be able to **see the result** when they try something new. "Will I be able to see the result? Will I see (or feel, or taste) a difference?"

  *If the results are quickly or easily seen, people are more likely to try the idea.*

Pregnant women and new mothers ask themselves these questions each time you give them a new idea or piece of advice. By thinking about the mothers' views---how they will answer the above questions--- *before* you give the advice, you will be able to plan what to say, so you encourage the mother to try or do it.

**EXAMPLE 1**

Oral rehydration with homemade fluids is an example of a new idea that people quickly adopt. They are not sure at first that it is better than what they have been doing. Giving fluids may not be the custom. However, it is easy to learn and do. Mothers can try it out. When they try it, they quickly see a good result and realize this *is* a better idea than what they have done in the past.

**EXAMPLE 2**

Latrines are an example of a new idea that many people are less likely to try. It is not easy to *see* their advantage. The idea of putting all waste in one place may not fit with traditional customs. Latrines are not easy or simple to build. They can not be tried out in a small way. It is not easy to see the positive results of having latrines.

**WRITE RESPONSES TO THE FOLLOWING:**

1. Look back at the new idea you identified at the beginning of Exercise 1-2. Evaluate this idea, using the questions we learned from the communication researchers. Write your ideas in the spaces at the right.

| | |
|---|---|
| What **advantage** did the new idea have? | |
| Did it **fit** with what you already do and believe? | |
| How **difficult** *or* **complicated** was it to learn or do? | |
| Could you ***try*** the idea in a small way? | |
| Were you able to **see** the result? | |

2. Think of one piece of advice that is likely to be a **new idea** to a postpartum mother and her family. Write the advice here:

3. Look at this idea **with the eyes of the mother and her family**. How will *they* evaluate this new idea? Write their views in the spaces at the right.

| | |
|---|---|
| What **advantage** does it have? | |
| Does it **fit** with what we already do and believe? | |
| How **difficult** *or* **complicated** is it to do? | |
| Can we **try** it in a small way? | |
| Will we **see** the result? | |

4. After looking at this advice from the mother's view, do you think she will follow your advice?

## EXERCISE 1-3
## BRIDGING THE GAPS

### WHAT DO I ALREADY KNOW?

1. How are you and the people in your work community **alike**? Make a list:

2. How are you **different** from the people in your work community? Make a list :

3. How does a baby get neonatal tetanus?

4. How do *the people in your community* believe a baby gets neonatal tetanus?

5. Why is it important to know about the difference between you and your clients, especially the differences in your beliefs?

6. What do you think: is it OK for you and your clients to be different or have different beliefs?

**Does your advice make sense?**

You may think that the advice and ideas you give to mothers are not "new". You may have been giving the same advice for a long time. For example, in a busy antenatal clinic, you try to find time to advise mothers about their diet. However, if they do not understand that each food helps the body in a particular way (builds body tissue, protects, or gives energy) your advice may not "make sense" to the mothers. This is especially true if you advise them to eat foods that are forbidden by tradition or that they cannot afford to buy. When ideas or advice do not "make sense", when they do not fit with what people already believe or do, people are not likely to use them.

People must have information that allows them to "make sense" of the ideas or advice you give them. They must understand **why** you are advising each action. You may find this difficult because you have learned to understand health and illness in a "medical" way. Your views and beliefs about health are likely to be quite different from those of people in your community. To make your advice sensible in your clients' views, you must explain the **reason** you are giving each piece of advice. Your explanation must be a bridge across the gap or space between your ideas and their ideas, beliefs, customs and experience. Before you can **bridge the gap**, you must understand their point of view.

You probably identified other differences between your clients and yourself. Perhaps you receive a salary for your work, while they grow their food and have little money. Perhaps you like to dress in modern styles, while your clients prefer the traditional way of dressing. Perhaps you have completed several years at school, while they may have had just a few years or even no formal schooling. Each of these differences makes an additional challenge to effective communication and understanding.

**Identifying the Gaps**

The difference in understanding is as if you were standing on one cliff and your clients were standing on another cliff, with a deep space between. That space is the *gap* that keeps them from understanding you. It may also keep you from understanding them. If your clients are to benefit from your midwifery knowledge, you must build bridges that allow your ideas to fit together with theirs. You must be able to explain information in ways they understand, so they are able to "make sense" of the advice you give, to understand **why** they should do as you advise.

Before you can build bridges, you must understand people's ideas, beliefs and experiences. You must look at health problems through their eyes.

**How well do you understand the people in your community?**

In the first column below is a list of three problems. In column two write what you believe about these problems. In column three, write what you think people in the community believe.

| Problem | Midwife Believes | Community Believes |
|---|---|---|
| Anemia is caused by: | | |
| Obstructed labor is caused by: | | |
| A stillbirth is caused by: | | |

In the spaces you find in column one, write two other problems where beliefs/understanding differ. In column two, write what you believe about these problems and in column three, write what you think the community believes.

| Problem | Midwife Believes | Community Believes |
|---|---|---|
| _____ is caused by: | | |
| _____ is caused by: | | |

**Giving advice to pregnant women and new mothers**

Giving advice to pregnant women and new mothers is part of your work. From your experience, identify advice you give to pregnant women that they usually **do not** follow:

**Advice 1:**

What is the advice?

Why should they do it? (Your reason/belief)

What do you think is the reason they don't do it? (What do they believe or understand about the problem?)

**Advice 2**:

What is the advice?

Why should they do it? (Your reason/belief)

What do you think is the reason they don't do it? (What do they believe or understand about the problem?)

## Building Bridges

To build bridges of understanding, you must explain your knowledge in ways that help people understand what you mean. You must make a connection with what they do or believe, or with something they have *experienced*. They must be able to "make sense" of what you say. Here are examples:

### EXAMPLE 1

To help traditional midwives in Liberia understand about the importance of hand washing to remove germs and prevent infection, the trained midwife[1] asked one elder midwife to cut up a chili pepper. When she finished, the midwife invited the woman to rinse her hands, then asked her to put her finger into her eye. "No way!" the elder woman cried.

"Why don't you want to do that?" asked the midwife.

"Because the pepper will burn my eye!"

"But you have washed your hands," the midwife reminded her elder.

"Yes, but the fire is still there, and it will hurt me."

The midwife then explained how germs are like chili pepper: you may not see them, but they are present, and they can hurt, by making infection. The only way to prevent the infection is careful hand washing with soap, as if to get all the chili pepper off.

*The midwife used the women's **experience** of chili pepper to help them understand about germs.*

[1] This idea was shared by Gertrude Cole, senior midwife, Phebe Outreach, Liberia.

**EXAMPLE 2**

To help people understand the importance of immunization, the health worker invited the community elders to recall the problem of small pox. The younger people did not even know the term in their language, yet the elders described horrible months of people falling ill, of many deaths, of entire communities destroyed by the disease. They described the sores, the pain, the agony of a disease the younger people did not know existed. "Why do we not have this terrible disease today?" the health worker asked the elders.

"Because teams of nurses came to each village with soldiers, who forced us to get the scratch that made a sore on the arm. When the sore healed, the scar remained on the upper arm. People with such a scar did not get the disease." The health worker then explained that the scratch that made a sore was a type of immunization, and today we have many good immunizations, especially to protect children from measles, whooping cough, and so on.

*The health worker used the elders' **experience** of small pox to show how diseases can be prevented with immunization*.

**EXAMPLE 3**

The women in the clinic asked for clarification: "You say that we have to bring our babies for immunization to prevent all these diseases. At the same time, you say that **we** must have tetanus toxoid immunization to protect our babies from tetanus. How can this injection help our babies, when it is us who get it?"

The midwife explained in this way:

Midwife: 'What makes a baby grow?"

Women: "Breast milk first, then the same food we eat."

Midwife: "Does your baby grow inside your body?"

Women: "Yes. The baby stretches my stomach -- it does grow!"

Midwife: "What makes the baby grow while it is inside you, before it gets breast milk?"

Women: "When we eat food, the baby shares what we have eaten."

Midwife: "Yes, and each medicine, each injection you take, the baby shares that, too. So we give you tetanus toxoid, and the baby shares it, as he shares your food, and is protected against tetanus.

*The midwife used the women's **understanding** of how the baby grows while inside them to explain how TT protects the child even though it is given to the mother.*

## Practice Building Bridges of Understanding

For each piece of advice you wrote in the previous section, consider what you know about the beliefs and experience of the women in your community . What **connections** can you make between their understanding or experience and your own? How can you explain the problem or its cause in a way that "makes sense" to the women? Write your ideas here:

**Advice 1:**

**Advice 2:**

If you do not know what the women believe or what their experience is, how will you learn about it?

## EXERCISE 1- 4
## ADULT LEARNING

### WHAT DO I ALREADY KNOW?

1. How are adults different from children? List some differences:

2. Where and how do children learn?

3. Where and how do adults learn?

4. What can midwives do to help adults (women and men) learn new ideas and information?

**Think about your own experience...**

Think about something **new** you enjoyed learning in the past three months. It may be something related to midwifery, or to cooking, or religion, or any other thing.

What did you learn?

How did you learn it?

Where did you learn it?

Who helped you to learn it?

What made this a good learning experience?

**Focus on learning and learners**

We often say that we do “health education” or “health teaching”. When we do this activity, we usually think about the person who teaches, what is taught and how. We may think about the teacher and the teaching more than about the learner and the ***learning***.

We must keep in mind that the reason we teach is to help others learn. Unfortunately, our teaching does not always result in learning. To be sure that learning takes place, we must give our attention to the **learners**.

**Adults learn best when...**

Medical researchers study to find new medicines. Communication researchers work to understand why people decide to try new ideas. In the same way, those who help adults learn new ideas and information have studied effective ways to help adults learn. They have found that:

- **!** Adults learn best when they feel **respected** as responsible people who know what they want or need to learn.

- **!** Adults learn best when their **knowledge and experience** are valued and respected.

- **!** Adults learn best when they feel they can **trust** those who are helping them to learn; when they feel **safe** to say what they think or believe.

- **!** Adults learn best when they can see how the information or skill is **relevant** (how it applies) to their lives or their work.

- **!** Adults learn best when they can see that the information or skill is **immediately useful** in doing something or solving a problem they face in life.

- **!** Adults learn well through discussions in which they share experiences, ideas and perspectives with others in a **group**.

- **!** In general, people remember:

  - 20% of what they **hear**
  - 40% of what they **hear** and **see**
  - 80% of what they **discover** for themselves.

  Whenever possible, adults should be encouraged to be curious, to ask questions and look for answers--to “discover” information and knowledge.

**Compare your experience with these findings...**

Return to the beginning of this exercise and review your good learning experience. Then review each point above. Place a check ✔ by each “Adults learn best when...” statement you experienced in your own learning.

**Apply the findings in your work**

How can you apply each of these findings on adult learning as you work with your clients and your community? Next to each condition, write what you ***will do***.

1. Adults learn best when they feel **respected** as responsible people who know what they want to learn. *(How will learners know you respect them?)* ***I will****:*

2. Adults learn best when their **knowledge and experience** are valued and respected. *(How will you let learners know you value their knowledge and experience?)* ***I will****:*

3. Adults learn best when they feel they can **trust** those who are helping them to learn; when they feel **safe** to say what they think. *(How will you help them feel safe and trust you?)* ***I will****:*

4. Adults learn best when they can see how the information or skill is **relevant** (how it applies) to their lives or their work. *(How will you ensure your advice is relevant?) I will:*

5. Adults learn best when they can see that the information or skill is **immediately useful** in doing something or solving a problem they face in life. ***I will****:*

6. Adults learn well through discussions in which they share experiences, ideas and perspectives with others in a **group**. ***I will****:*

7. In general, people remember:

   - 20% of what they **hear**
   - 40% of what they **hear** and **see**
   - 80% of what they **discover** for themselves.

   *(How can you help people to discover, rather than just telling them?)* ***I will****:*

8. Using this information on how adults learn, write a plan for how you will help the people in your community learn the best actions to take when a mother is bleeding too much after she delivers.

## EXERCISE 1 - 5
## SOLVING PROBLEMS

### WHAT DO I ALREADY KNOW?

1. A pregnant women arrives at your maternity with vaginal bleeding. How will you go about solving this problem? List the **steps** you will take:

2. Your neighbor comes to ask for your help because her radio will not work. How will you go about helping? List the **steps** you take:

3. In the past year, six women in Community A have died in childbirth. How will you go about helping Community A solve this problem? List the **steps** you will take:

### Solving Problems = Discovery Learning

As we have seen, adults are interested in learning new information and ideas that are *relevant* to their lives and *immediately useful* in **solving problems** they face. People are *most* ready to learn and try new ideas when they have a problem to solve. Therefore, when the people in the community identify a problem relating to the health of women and newborns, you have an opportunity to work with them to understand the problem and look for the best way to solve it. As people work to solve problems, they discover more about the problems and their ability to solve those and other problems.

### **Whose Problem Is It?** (Who Owns the Problem?)

A problem is most effectively solved by those who feel affected by it. For this reason, it is important to know who is affected and who feels the problem belongs to them. By listening to what people say, you can often tell who is affected by a problem. You may hear: "We have a problem..." or "My problem is...". When people feel a problem belongs to them, we say they have **ownership**. They are the **owners** of the problem.

When people are affected by a problem and feel it is **their** problem, they are likely to be interested in discussing their experience with the problem. They are more likely to be interested in learning about it, finding a suitable solution, taking action, and looking to see whether their action has solved the problem.

☞ **The owners of a problem are the ones who should be involved in solving it.**

### PROBLEM SOLVING PROCESSES

Several processes are used to solve problems, depending upon the type of problem, the situation, and the people who are affected (the owners). Two processes that are very useful for midwives are the **midwifery** problem solving method and the **community** problem solving process.

**The midwifery problem solving method**

When providing care to clients, LSS midwives use a problem solving process with four basic steps:

**1. ASK and LISTEN**
**2. LOOK and FEEL**
**3. IDENTIFY PROBLEMS / NEEDS**
**4. TAKE APPROPRIATE ACTION**

**Then the process begins again at the next visit to evaluate and take further action.**

You, the mother and the family are the owner of the problem, because you are all affected by it. As you go through the steps of the process, you must constantly make decisions. Your role as the manager in the midwifery problem solving process is to ***gather information, make decisions*** and ***take action***.

**Community problem solving process**

The midwife's role in the community problem solving process is very different. Rather than being the decision maker, your role is to ***facilitate*** (to encourage and support) discussions as a group of people work to understand and find the best solution to their problem. The basic steps are:

**LOOK** at the problem with the group. Encourage them to discover: what do we actually know about it? Why does it occur, and how? Who is affected and how do affected people feel? What other problems might this problem cause, and so on? The group members must be owners of the problem (those affected by it).

**THINK** together and encourage people to share their experience with the problem. Encourage the group to learn from each other. Share what you know about the problem. Both the community members and you, the midwife, have knowledge. This knowledge should be shared with the group. Do other people/communities have this problem? How have others solved this problem? What resources are needed? What additional information do we need in order to find the best solution?

**PLAN** what the group will do (the action they will take) to solve the problem. There are likely to be many possible solutions to the problem. Some solutions will be more suitable than others. The solution must come from the group, *not* from the midwife. The group must feel it is *their* solution. They must own the solution, as they own the problem. If the group has looked and thought together well, their solution will be both possible and practical.

**DO (TAKE ACTION)** to solve the problem. The action may be as simple as meeting with a community leader or as complicated as developing a "walking blood bank."

Then the process starts over again. **LOOK** after action has been taken, to see whether it has solved the problem. The timing of this step depends on the length of time the action takes. Some problems can be solved quickly, while others require more

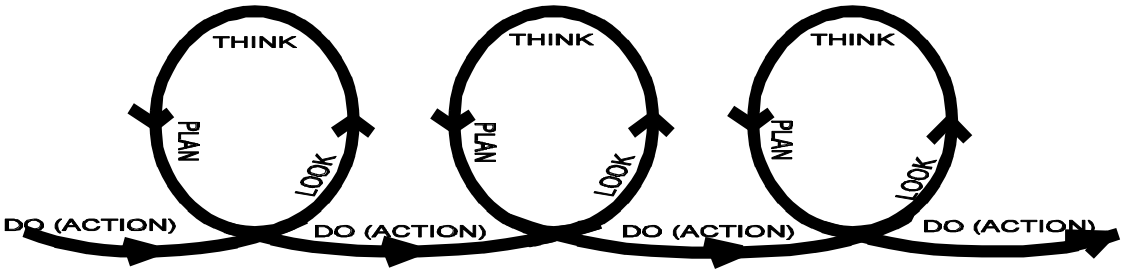



**Figure 2**

time.

As a group moves through the steps in the process, they learn continuously by discovering new information and having new experiences. As they learn, the people gain confidence in their ability to solve problems in their community. The community problem solving process has no end; when the group LOOKS at whether they have solved the problem, they are likely to identify other problems they also need to solve. One round of problem solving can easily lead to another, especially if the midwife encourages the group to LOOK at other problems they have identified. Think about the problem solving process as a spring: it goes around, but at the end of one circle, another begins. See Figure 1. The process may take place during one discussion, or it may take days, weeks or even months to complete. You may need to explain an idea just once, or you may need to explain it each time you visit another pregnant woman and her family.

**The Midwife's Role**

As you can see, the midwife has a very different role in the community problem solving process. As a ***facilitator***, your role is similar to your role in family planning counseling . You must ask your client questions, listen, learn, explain, support and encourage. You may need to do research, to gather information for the problem solving process. As in counseling, ***the one role you must never accept is the role of decision maker*** when working with the community to solve problems.

| ***MIDWIFERY* PROBLEM SOLVING PROCESS** | ***COMMUNITY* PROBLEM SOLVING PROCESS** |
|---|---|
| 1. Ask and Listen | 1. Look |
| 2. Look and Feel | |
| 3. Identify Problems / Needs | 2. Think |
| 4. Take Appropriate Action | 3. Plan |
| | 4. Do |
| Then the process starts over again | Then the process starts over again |
| Role: Together with the family<br>***Manages*** the problem | Role: Together with the community<br>***Facilitates*** the problem solving process |

You must help people to understand (and remember) that you are there to:

- ***help*** them learn more about the problem
- ***help*** them look for good solutions and needed resources
- ***assist*** when they take action
- ***work with*** them to discover whether their action has solved the problem.

Asking **questions** is a very good way to help people to think about how they can solve problems. Good questions encourage them to think, to remember their experience and to learn from the experience of others. As they answer questions, people often *discover* new information and get a better understanding about the problem. Here are some examples of questions you can ask:

- What happened?
- How did it feel?
- What did you think when it happened?
- Does it happen often?
- Why do you think it happened?
- Has anyone else had the same problem?
- What have others done to solve it?
- How can we solve this problem?

## PRACTICE YOUR ROLE

Practice your role in helping people to solve their problems. Work with your classmates to plan and conduct a problem solving session. Remember to choose a problem that belongs to the group members (one you all feel is **your** problem). After the session, answer these questions about your experience:

1. What problem did you discuss? Whose problem is it?

2. How do you feel the discussion went?

3. What problems did you find with the discussion?

4. What did you learn from this experience?

5. What will you do differently next time?

## EXERCISE 1 - 6
## HOW DO PEOPLE FEEL ABOUT THE PROBLEM?

When there is a problem in the community, each person has a view and feelings about it. These feelings and views are called **attitudes**. People are likely to have different attitudes about a problem, depending on:

- How directly they are affected by it
- How important the problem is in their lives
- What they know about the problem and possible ways to solve it
- The length of time the problem has been present
- How other people who are important to them feel about the problem

Within the community, people are likely to have a range of attitudes about a problem. The range is like a set of stairs, with each step representing a different attitude. If people were standing on the steps, then the person on the bottom step would feel *there is no problem*. The person on the top step would feel she *knows about the problem and is ready to solve it, and get others involved.* See Figure 2.

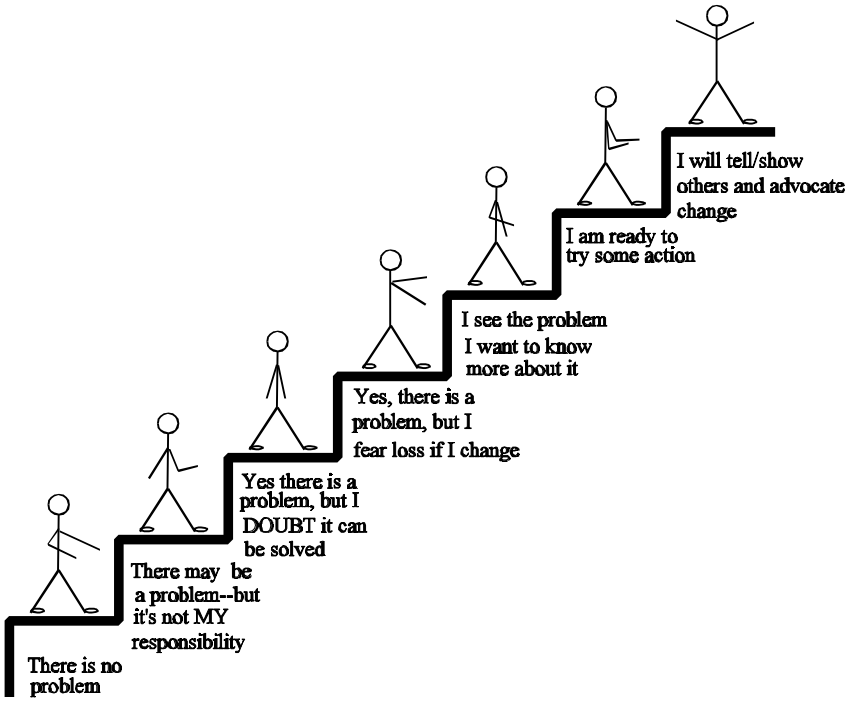



Figure 2

These are not the only attitudes people might have. Among the people in a community, you are likely to find more attitudes than the ones shown here. The attitudes on this stairway can help us to understand the *range* of attitudes.

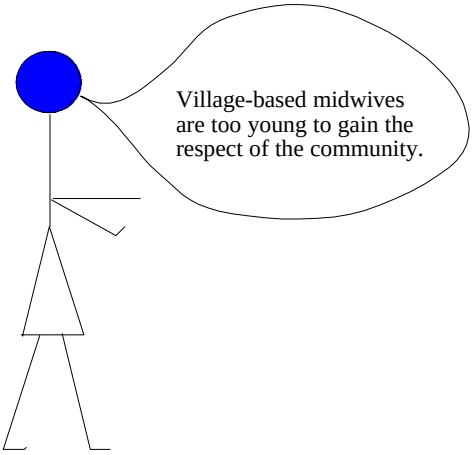
You will notice that the attitudes on the higher steps are quite positive. People with these attitudes are likely to identify solutions and take action to solve problems. Many of our health education messages have been prepared for people who have these attitudes. The same messages would have little effect on people whose attitudes are located on the lower steps.

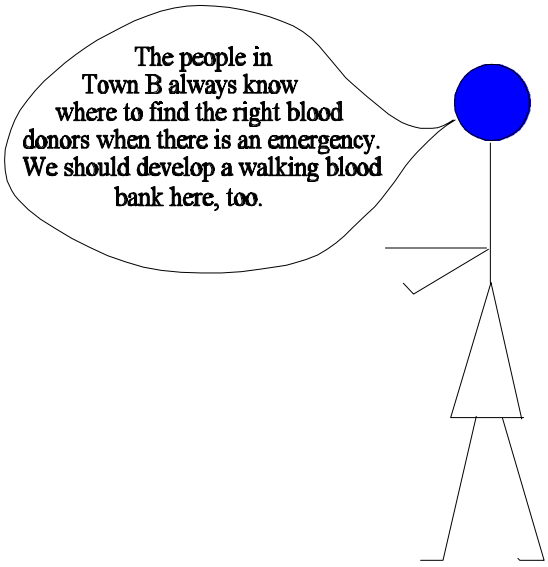
The attitudes on the lower steps are a great challenge for the midwife working in her community. It is difficult to help people solve a problem if they feel there is no problem, or that the problem is not their responsibility. It is difficult to help if they feel there is no solution to the problem, or if they fear they will lose their social position if they participate in solving it.

A good thing about attitudes and feelings is that they change as a result of new experiences and information. Therefore, it is possible to influence changes in attitude by giving well chosen information to people at any step on the stairway. It is even better to help them gain experience that helps them to discover this information. You can "tailor" what you say to them. Before you can give the information, however, you must be clear what attitudes people have or how they feel about the problem.

**Discovering People's Attitudes**

A very good way to discover how people feel about a problem is to **listen** to what they say about it.




Which step would each of these people be standing on?

What attitude is each communicating?

## WHAT HAVE YOU HEARD?

As you have worked and talked with people in your community, you have heard people's attitudes. Think back. What did you hear people say that helps you to know how they feel about problems of mothers and newborns?

In the spaces below, write what you have heard people say:

| ATTITUDE | WHAT DID PEOPLE SAY? |
|---|---|
| 1. There is no problem. (This person is satisfied with things as they are, sees no problem, no need for change.) | |
| 2. There may be a problem, but it is not ***my*** responsibility. (This person believes the cause of the problem and its solution are supernatural, or are the responsibility of government or some other agency.) | |
| 3. Yes, there is a problem, but I have my doubts. (This person is skeptical about the solutions that have been suggested.) | |
| 4. There is a problem, but I am afraid of changing for fear of loss. (This person's fears of loss of face, social status or financial situation may be justified--many solutions have disadvantages.) | |
| 5. Is see the problem, and I am interested in learning more about it. (This person is more open and willing to discuss the problem.) | |
| 6. I am ready to try some action. | |
| 7. I am willing to demonstrate the solution to others and advocate change! | |

### Influencing People to Change Attitudes

When a person feels there is no problem, there is little use in suggesting a solution. Before he will become interested in a solution, he must recognize that there ***is*** a problem. You must choose very carefully the way you will help him see the problem. You might:

- **!** remind the person of an experience you know he had, or events he has lived through that are evidence of the problem
- **!** describe how the problem has affected people he knows
- **!** invite him to work with you to interview people in the community about the problem
- **!** invite him to accompany you as you visit a family who is affected by the problem

How else can you influence a person who feels there is no problem?

The most you can hope to accomplish in one discussion with a person who feels there is no problem is to influence her to recognize there is a problem. Once the person sees the problem, she is likely to still feel that it is not ***her*** problem. She is not likely to feel any responsibility for solving the problem. At another time, your challenge is to help her feel that she has a part to play in solving the problem and that there is an effective solution in the community, if she will help to work on it. You might:

- **!** encourage her to consider how the problem affects her, at least how it affects people she loves and respects.
- **!** describe how other communities have tackled and solved the same problem.

How else can you influence a person who feels the problem is not ***her*** problem?

For the person in each of the lower four steps, very special attention and communication are required to bring about a change in attitude. The change will be gradual, but it will be quicker if you help the person to think about the problem in a bit different way than before.

## HOW WILL YOU INFLUENCE ATTITUDES?

Many women and their families have had difficulty arranging for transport to take them to the hospital when a problem occurs during labor or delivery. Think about how the people in your community feel about the issue of transportation for emergency situations.

1. Some people in the community are likely to feel that "There is no problem." How will you go about helping them to see that the problem *is* a problem?

2. Some people in the community will realize there is a problem, but may feel that they have no part to play in solving it. How will you go about helping them to understand that it is important for them to be involved in solving the problem?

3. Some people will recognize the problem, but doubt it can be solved. How will you convince them that the problem can be solved?

4. Some people might realize the problem can be solved, but the solution will cause them to lose something. What could they lose? How will you encourage these people to participate in solving the problem?

## EXERCISE 1 - 7
## PUTTING THE INFORMATION TOGETHER

In this topic, we have considered important ideas and information for working with communities to improve and promote good health for mothers and their babies. As you have seen, the ideas are connected to each other. They can be used together to plan a new way of working with your community.

**Remember** that you identified one community group that you can meet and work with (page 5).

**Remember** that you looked at a new idea (advice) through the eyes of the mother (page 9).

**Remember** that you identified gaps and built bridges so you and your client could understand each other, so that your advice would "make sense" to her (page 17).

**Remember** that you identified ways that you will apply the information about adult learning (page 21-22).

**Remember** that you considered how to facilitate the community problem solving process to solve a problem (page29).

**Remember** that you identified ways to influence people who hold attitudes on the lower steps of the attitude stairway (page 33)

Write a plan now for working with a community group when you return to your place of work. Be sure to include:

- □ The group you will work with
- □ A problem they have that you believe they will be interested in trying to solve *(Remember that the group must identify the problems it wants to solve. This step is only for your use in developing this plan.)*
- □ How you will go about bridging any gaps between your understanding of the problem and the understanding of group members
- □ How you will present any new ideas or information so that the group will be encouraged to try them
- □ How you will apply the information on adult learning
- □ The steps you will take to facilitate the group's problem solving efforts

# TOPIC 2
# PREVENT INFECTION

## INTRODUCTION

A mother, baby, or midwife can easily get germs that cause infection. They usually get these germs from 1) contact with other people who have not washed their hands or who are sick, 2) their own home and its surroundings if they are not clean, or 3) the clinic or hospital when instruments, furniture, or gloves have not been cleaned appropriately. In this topic you will learn more about ways to help prevent infection in mothers, babies, and yourself.

After reading this topic, look in *Guide For Caregivers* at the skill checklist: ***Infection Prevention***. It provides a clear, step by step outline for how you can prevent infection when caring for mothers and babies. A list of the equipment you will need is included.

### OBJECTIVES

By the end of this topic you will be able to:

1. Demonstrate safe hand washing according to the steps in the checklist

2. Describe infection prevention guidelines with special emphasis on the birth area, linen, instruments, and people

3. Prepare a labor or delivery area for a safe and clean delivery

4. List and demonstrate six precautions to prevent transmission of infection from blood or body fluids in the labor or delivery room to yourself, to the mother or baby, or to other mothers and babies

5. Help a mother and her family prevent the transmission of infection when the delivery takes place at home

**WHAT DO I ALREADY KNOW?**
Answer the following questions:

1. When and how should a midwife wash her hands?

2. Match the infection control step to the correct description:

| | | |
|---|---|---|
| ___ Decontamination | 1. | All microorganisms (germs) and all endospores are killed through autoclaving. This step is used in hospitals for gloves and surgical instruments. |
| ___ Cleaning | 2. | Dirty instruments and non-disposable supplies are soaked in a solution of chlorine to loosen blood or other matter and to reduce the risk of HIV or hepatitis transmission. |
| ___ High level disinfection | 3. | Equipment is washed and scrubbed with soap and water to remove blood or other matter. |
| ___ Sterilization | 4. | Germs such as viruses, bacteria, fungi, parasites and some endospores are killed by boiling for 20 minutes. This step is used for gloves and instruments in facilities with small number of clients. |

3. In a small clinic with two deliveries in a week, which infection prevention steps are needed for:

   Linen from a delivery bed

   The floor in the delivery area

   Gloves for a vaginal exam

   Needles and syringes

   Scissors used to cut umbilical cord

4. What measures should you take to protect yourself from infection when caring for women in labor? Describe six protective measures:

   1)

   2)

   3)

   4)

   5)

   6)

5. How will you protect yourself, the mother, and the baby from infection in each of these circumstances?

   Cutting an umbilical cord

   Doing a vaginal examination of a mother in labor

   Examining the placenta after delivery

   Cleaning the mother after delivery

6. How will you help the mother and her family understand the possibility of infection occurring and how they can prevent it when the delivery takes place at home?

## EXERCISE 2-1
## WASHING HANDS

To prevent infection in mothers, babies and herself, the midwife must make sure that her hands are always clean and that everything she uses is clean or disinfected.


**WHEN TO WASH HANDS**

Washing hands should be a habit for a midwife. You should routinely wash your hands at these times:

- **!** When arriving at the work place ***and*** when leaving the work place to go eat, to attend a meeting, to visit someone, or to go home after work
- **!** Before and after caring for a mother or baby
- **!** Before putting on gloves and after removing gloves
- **!** When your hands are splashed with blood or body fluids
- **!** After using the toilet, blowing your nose, or coughing

## HOW TO WASH HANDS

**1. HAVE SOAP, CLEAN WATER, AND A CLEAN, DRY TOWEL READY**

Ordinary soap is just fine, although in some places a disinfectant soap is used. Clean, running water is best. If you do not have running water, store clean water in a covered container.

**2. REMOVE ALL JEWELRY**

Watches or rings can prevent you from washing all parts of your hands or arms. Dirt can be hidden in places that are difficult to clean. You can pin your ring or watch to your clothing so you can use it but have it out of the way.

**3. WET HANDS AND FOREARMS WITH WATER**

If you do not have a tap with running water, ask someone to pour clean water over your hands and forearms.

**4. WASH HANDS AND FOREARMS WITH SOAP**

Soap your hands and forearms. Lather hands well, scrubbing fingers, palms, backs of hands, forearms and wrists for at least 20 seconds. In some places a soft brush is used to scrub the nails and hands.

**5. RINSE HANDS AND ARMS WITH CLEAN WATER**

If you do not have running water, ask someone to pour clean water over your hands and forearms while you rinse them.

**6. DRY YOUR HANDS**

It is best to air dry your hands if there is time. If there is not time to air dry, dry carefully with a clean dry towel. It is easier to put gloves on when your hands are dry.

**WRITE THE RESPONSES FOR THE FOLLOWING:**

1. List five situations when you, as the midwife, must wash your hands.

   1)

   2)

   3)

   4)

   5)

2. Describe the six steps in hand washing.

   1)

   2)

   3)

   4)

   5)

   6)

**Compare your responses to the information in Exercise 2-1**

## EXERCISE 2-2
## STEPS OF INFECTION PREVENTION

This section will describe the three steps used to prevent infection from equipment and supplies used in the care of mothers and babies. These steps are important to prevent infection from HIV, hepatitis and other illnesses. ***Decontamination*** and ***cleaning*** are infection prevention steps necessary for all things used in providing care. Either ***high level disinfection*** or ***sterilization*** is the third step necessary to kill germs on instruments, needles, syringes and gloves used in caring for women and newborns.

### INFECTION PREVENTION STEPS

1. ***DECONTAMINATION***
2. ***CLEANING***
3. ***HIGH-LEVEL DISINFECTION***
   **or**
   ***STERILIZATION***

**1.** ***DECONTAMINATION*** of the articles used in providing care is the first infection prevention step. The aim of decontamination is to loosen blood or other substances on the floor, bed, instruments, equipment, linen, gloves, needles, syringes and other things and to reduce the risk of HIV or hepatitis transmission. These articles still need at least one more step before they are safe to reuse.

☞ Always wear gloves during this step.

**METHODS OF *DECONTAMINATION***

1. Make a solution of 0.5% chlorine. Use the following chart to find out the strength of chlorine available in your country, and the amount of liquid bleach and water you need to use.

2. Place the gloves, instruments, needles, syringes, all rubber articles and linens in the solution so that they are completely covered.

3. Make sure syringes, needles and tubing are flushed and filled with solution and instruments are opened wide. Gloves should be rinsed in solution while still on hands and then removed (turning them inside out) for soaking.

4. Soak all articles for 10 minutes.

| **Preparing Dilute Chlorine Solutions from Liquid Bleach (Sodium Hypochlorite) for Decontamination and High Level Disinfection[1]** | | |
|---|---|---|
| Type or Brand of Bleach (Country) | Chlorine % Available | Ratio of bleach to Water for 0.5% Solution |
| JIK (Kenya), Robin Bleach (Nepal) | 3.5% | 100 ml bleach in 600 ml water (1 part bleach to 6 parts water) |
| Household Bleach (USA, Indonesia), ACE (Turkey), Eau de Javal (France) | 5% | 100 ml bleach in 900 ml water (1 part bleach to 9 parts water) |
| Blanquedor, Cloro (Mexico) | 6% | 100 ml bleach in 1100 ml water (1 part bleach to 11 parts water) |
| Lavandina (Bolivia) | 8 % | 100 ml bleach in 1500 ml water (1 part bleach to 15 parts water) |
| Chloros (UK), Lejia (Peru) | 10% | 100 ml bleach in 1900 ml water (1 part bleach to 19 parts water) |
| Chloros (UK), Extrait de Javel (France) | 15% | 100 ml bleach in 2900 ml water 1 part bleach to 29 parts water) |

[1]Tietjen, L., et al. (1995). Infection prevention for family planning service program. 2nd edition. JHPIEGO, Baltimore, Md.

**2.** ***CLEANING*** is the second infection prevention step. Always use detergent with water since water alone will not remove blood, oils, chlorine, and other materials. Cleaning improves the quality of the third step.

☞ **Always wear clean gloves for this step**

**HOW TO *CLEAN***

1. **Gloves**
   Wash with soap and water, turning gloves to ensure both sides are free from all soil.
2. **Instruments, Needles and Syringes**
   Take them apart and opening them wide to ensure all blood, dirt and other materials are removed, even from joints and hidden areas. A brush is useful in cleaning instruments. Make sure tubing and needles are flushed well three times with soap and water, then rinsed.
3. **Linen**
   Wash with soap and water and hang in the sun to dry. Depending on the situation, a laundry may take responsibility for the linen.

☞ **Instruments, needles, syringes and gloves that are used in giving health care still need another step before they are safe to reuse.**

**3**. Either ***HIGH LEVEL DISINFECTION*** or ***STERILIZATION*** is used as the third infection prevention step.

***HIGH-LEVEL DISINFECTION*** is used in clinics and maternities with a small number of clients. It kills all viruses, bacteria, parasites, fungi and ***some*** endospores. Boiling and steaming are the simplest and most reliable high-level disinfection methods, but some chemical disinfectants may also be used. Instruments, needles, syringes and gloves that are high-level disinfected by boiling, steaming or chemical disinfection need to be used within one week. If more than one week has passed since high- level disinfection, they need to be disinfected again before they are used.

**Chemical disinfection:**

**!** Should only be used when:

- sterilization and high-level disinfection by boiling or steaming are not possible

***and***

- appropriate disinfectant and soaking time can be ensured (Refer to the table for "Chemical Disinfectants" in the *Guide For Caregivers*.)

**!** Must not be used for needles and syringes

**!** Can be inactivated by blood and other body substances, so it is important that instruments are decontaminated and cleaned first

**!** Must be prepared correctly

**!** Chemicals used in the chemical disinfection process can rapidly lose their strength during storage.

☞ **A disinfected container can be prepared by boiling it for 20 minutes, or filling it with 0.5% chlorine solution and soaking for 20 minutes. Rinse the container with boiled water if it was soaked in chlorine solution. Let it air or sun dry and cover with disinfected lid.**

## METHODS OF *DISINFECTING*

1. Make sure everything is ***decontaminated*** and ***cleaned***, and that instruments are ***open*** and ***syringes disassembled***.

2. Do not add additional articles after covering the container.

3. Three ways to high-level disinfect are:

**A. Steaming:**

1) Put articles and supplies in steamer over boiling water
2) Cover and steam for 20 minutes
3) Remove steamer or remove equipment from the pot with disinfected forceps or pickups, and place the equipment in a disinfected container (Forceps or pickups could also be steamed and placed on top of all the other equipment for easy removal.)
4) Air dry
5) When dry, store articles in a disinfected, covered container.

**B. Boiling:**

1) Cover articles completely with water
2) Bring water to a boil
3) Cover pot and boil for 20 minutes
4) Remove articles from the pot with disinfected forceps or pickups, and place the equipment in a disinfected container (Forceps or pickups could also be boiled and placed on top of all the other equipment for easy removal.)
5) Air dry
6) When dry, store articles in a disinfected, covered container

**C. Chemical disinfection:**

1) Cover articles completely with high level disinfectant and soak for the necessary time (Refer to the table for "Chemical Disinfectants" in the *Guide For Caregivers.*)
2) Remove articles, rinse with boiled water
3) Air dry
4) Store in a disinfected, covered container

☞ **Gloves that have been high level disinfected should be air dried and stored in a disinfected, covered container. Wash your hands before you put on the gloves. After you have the gloves on, repeat the hand washing before you begin to provide care.**

☞ **Gentian violet, Eusol, Hibitane, Savlon, Dettol, Phisohex, mercury compounds, phenol, Lysol and Zephiran are not appropriate to use for high level disinfection. Refer to the table for "Chemical Disinfectants" in the *Guide For Caregivers*.**

***STERILIZATION*** is used in hospitals and is the preferred third infection prevention step for surgical equipment. It destroys all microorganisms and ***all*** endospores.

**METHODS OF *STERILIZATION***

1. Make sure that everything is ***decontaminated*** and ***cleaned,*** and that instruments are ***open*** and syringes ***disassembled*.** Flush all tubing.

2. Two ways to sterilize are:

   A. **Autoclaving**

   This is the method of choice for reusable medical instruments, needles, syringes, and gloves. Operate autoclave at 121°C (250°F) equivalent to a pressure of 106 kPA (15 lb/square inch) for a minimum of 20 minutes. (If articles are wrapped, 30 minutes are necessary.)

   B. **Dry heat**

   This may also be used, but requires that instruments be heated at 170°C (340°F) for 2 hours. An ordinary household oven is satisfactory for dry heat sterilization. Dry heat can ***not*** be used for gloves or rubber tubing.

3. Storage: If sterile equipment is wrapped, store in a clean dry place. If the equipment is not wrapped, it must be stored in a sterile container with a tight fitting lid.

**WRITE RESPONSES TO THE FOLLOWING:**

1. Describe each of the following steps in infection prevention:

   1) Decontamination

   2) Cleaning

   3) High-level disinfection

   4) Sterilization

2. Explain how you will carry out each of these infection prevention steps at your place of work:
   1) Decontamination

   2) Cleaning

   3) High-level disinfection

   4) Sterilization

7. Which of these steps can be used when the delivery takes place at home?

**Compare your response to the information in Exercise 2-2**

## EXERCISE 2-3
## INFECTION PREVENTION IN THE LABOR AND DELIVERY AREA

A midwife is responsible to make sure that everything used in the care of the mother and baby is properly cleaned or disinfected. This section describes how the infection prevention steps are used in the labor and delivery area. It is important to remove blood and body fluids from surroundings and equipment and to prepare for the next delivery. You should wear gloves throughout these procedures. The following infection prevention guidelines describe how to care for instruments and the labor and delivery area to prepare them for another delivery.

**Spills**:

1. ***Decontaminate*** for 10 minutes before a spill is wiped up with a cloth
2. ***Clean*** the entire area with soap and water

**Birthing area** including bed, floor and other surfaces:

1. ***Decontaminate*** floor, bed, table, IV stand, chair, and so on, using a chlorine solution
2. ***Clean*** by scrubbing all areas with soap and water
3. Allow to air dry

**Linens** including sheets, cloths and blankets:

1. ***Decontaminate*** for 10 minutes (if soiled with blood or body fluids)
2. ***Clean*** by washing them with soap and water (or by routine washing done in the laundry)
3. Rinse with clean water
4. Air/sun dry
5. When dry, store in a clean, dry place

**Gloves, rubber and plastics**, including mucous extractors, rectal tubes, urinary and suction catheters, bulb syringes:

1. ***Decontaminate*** for 10 minutes
2. ***Clean*** by washing with soap and water to remove all blood, dirt or other materials
3. Rinse with clean water
4. Check for holes (Throw away any items with holes.)
5. ***High level disinfect or sterilize*** items that are used for medical or surgical procedures
6. Air dry gloves on both sides
7. Store in a disinfected or sterile covered container

**Instruments and equipment** for delivery, artificial rupture of membranes, episiotomy, vacuum extraction:

1. ***Decontaminate*** for 10 minutes
2. ***Clean*** by washing with soap and water, removing all particles
3. Rinse with clean water
4. ***High level disinfect or sterilize***
5. Dry before storing in a disinfected or sterile covered container

**Needles and syringes**:

1. ***Decontaminate*** by filling assembled needle and syringe with solution
2. Soak for 10 minutes
3. Rinse by flushing three times with clean water
4. Disassemble
5. ***Clean*** by washing with soap and water
6. Rinse with clean water
7. ***High level disinfect or sterilize***
8. Dry before storing in a disinfected or sterile covered container

**People** (Anyone attending the birth including mother, midwives, friends or family)**:**

1. Wash hands whenever they touch the mother or their own hair or clothes
2. Wash if they get blood, mucus, body fluids, stool or dirt on their hands
3. Wash hands when they look dirty, after going to the toilet, after blowing their nose or coughing, and before and after eating
4. Wear clean clothes

## WRITE RESPONSES TO THE FOLLOWING:

At your place of work, what infection prevention steps will you take for:

Needles and syringes

Linen

Gloves used to clean the bed

Gloves used in vaginal examinations

Vacuum extractor equipment

Family attending the birth

**Compare your responses to the information in Exercise 2-3**

## EXERCISE 2-4
## HOW A MIDWIFE CAN PROTECT HERSELF FROM INFECTION

As a midwife, you must consider the possibility that any woman or baby you care for may have a contagious disease or illness, such as HIV or hepatitis. Sometimes you can see signs of the illness; at other times you cannot. The woman may not know that she has the disease. Therefore, you must take care to reduce the chances of cross infecting yourself and others whenever you care for women and babies.

### PROTECTIVE MEASURES

The following precautions will help reduce your exposure to blood and other body fluids:

1. **Wash your hands** as described in Exercise 2-1.

2. **Wear protective clothing**

**Cover your uniform** whenever you are doing a procedure that is likely to cause splashes of blood or other body fluids. An apron or gown is good protection. Make sure a **separate clean apron or gown is used for care of each mother.** Change your apron/gown, then wash your hands before caring for another woman or baby.

***Change or cover your shoes*** while in the labor/delivery area. If this is not possible, you can wipe your shoes with soap and water or disinfectant solution when entering the labor area so contamination is not carried into this area. When ready to leave the labor area, you should wipe or change your shoes again.

☞ **Do not go barefoot.**

3. **Wear the appropriate type of gloves**

*Wear sterile or high level disinfected gloves*:

- **!** when performing vaginal examinations, catheterizations, deliveries, and so on

*Wear clean gloves*:

- **!** when touching anything with blood or body fluids (e.g., examining the placenta)
- **!** when you have a cut on your hand, to prevent germs from entering your body
- **!** when giving injections, drawing blood, or starting intravenous infusions
- **!** when cleaning mother during labor and after delivery
- **!** when caring for the baby before it has been bathed

*Wear clean utility gloves:*

- **!** when washing equipment, instruments, furniture or floors

4. **Prevent splashes** from blood or amniotic fluid:

- **!** Artificially rupture membranes between contractions, to prevent splashing of amniotic fluid
- **!** Milk and clamp the umbilical cord before cutting

☞ **If blood or body fluids gets in your mouth or on your skin, wash with plenty of water and soap as soon as it is possible and safe for the mother and baby. If blood or body fluids splash in your eyes, rinse well with water.**

5. **Prevent needle sticks:**

- **!** Handle needles carefully
- **!** Place used needles in an appropriate container
- **!** Use a needle holder when suturing

☞ **When a needle stick happens, wash wound with soap and water, encourage the wound to bleed, then cover with a waterproof dressing.**

6. **Handle placenta carefully:**

- **!** Always wear gloves when handling a placenta.
- **!** Keep placenta in plastic bag or other container until it can be disposed of (by burning or burying). It should not be disposed of in a river.
- **!** If the family asks for the placenta, advise them:
  1) It is best not to touch the placenta directly with bare hands.
  2) If the placenta is handled with bare hands, it should always first be soaked in chlorine solution for at least 10 minutes.

The following is a list of equipment and supplies that you will need to prevent infection while caring for women and babies:

**INFECTION PREVENTION EQUIPMENT AND SUPPLIES**

- **!** Soap and water
- **!** Decontaminating solution (powdered or liquid chlorine mixed to a 0.5% solution)
- **!** Brush for scrubbing instruments
- **!** Pot with a lid for boiling
  or
  steamer with a lid
  or
  chemicals for high level disinfection and a container for soaking
- **!** Containers for storing clean or disinfected equipment and supplies
- **!** Aprons or gowns
- **!** Shoes for birth area OR shoe covers
- **!** Gloves for examinations
- **!** Utility gloves
- **!** Needle container

## WRITE RESPONSES TO THE FOLLOWING:

1. What protective clothing will you wear when doing a procedure?

2. Why should a midwife use protective clothing?

3. While conducting a delivery, the membranes spontaneously rupture and you are splashed with amniotic fluid. What action will you take?

4. How can you prevent blood splashing when you cut an umbilical cord?

**Compare your responses to the information in Exercise 2-4**

**WHAT DID I LEARN?**
Answer the following questions:

1. When and how should a midwife wash her hands?

2. How will you do each of following infection prevention steps?

   Decontamination

   Cleaning

   High level disinfection

   Sterilization

3. In a small clinic with two deliveries in a week, which infection prevention steps are needed for each of these items?

   Linen from delivery bed

   Floor in delivery area

   Gloves for vaginal exam

   Needles and syringes

   Scissors used to cut umbilical cord

4. What are the protective measures that you should take to protect yourself from infection when caring for women in labor? Describe six:

   1)

   2)

   3)

   4)

5)

6)

5. How will you protect yourself, the mother, and the baby from infection in each of the following circumstances?

Cutting umbilical cord

Vaginal examination of mother in labor

Examining the placenta after delivery

Cleaning the mother after delivery

**Look up and compare your responses with the information in the Topic.**

**Review any information you do not clearly understand.**

**Practice skills using the skill checklists located in *Guide For Caregivers*.**

**Perform infection prevention skills while a co-worker observes and gives feedback, using the skill checklist: *Infection Prevention*.**

**If you do not have a co-worker, then perform the skills on the checklist and check yourself. Repeat this five times and make note of your improvement**

# TOPIC 3
# ANTENATAL CARE

## INTRODUCTION

The midwife provides care and counseling to a pregnant woman and her family so the woman's pregnancy is as healthy as possible. In this topic you will read about and practice providing care to the pregnant woman.

You will learn how to estimate the length of a woman's pregnancy and her due date. You will learn how to take a pregnancy health history (***ASK* and *LISTEN***) in order to learn about a woman's general health, her past health, and her past pregnancies and births. You will practice checking the pregnant woman's body and her baby (***LOOK* and *FEEL***). You will learn to explain what you are doing, what you have found, and to give advice as you work with the mother. *When you see this kind of text, it suggests a way to ask a question or to explain something to the mother and family*. The information you get will help you to identify any problems (***IDENTIFY PROBLEMS*** and ***NEEDS***). It will help you identify additional information the mother needs, and to plan with her (***TAKE APPROPRIATE ACTION*** ) so the pregnancy and birth are as safe as possible.

Some women will not visit a midwife or doctor for their antenatal care. In your area you must try to visit them and all other pregnant woman at their homes when they are between 34 - 36 weeks gestation. You will provide antenatal care, with special attention to screening for risk factors and helping the woman and her family prepare their home for the birth. In this section you will find boxes containing **Home Visit Wisdom**. The ideas you will read here will help you think about how you can provide good antenatal care to women in their homes.

It is important to write down what you learn about the mother and baby during each visit. The information will help you and the mother to plan her care during the pregnancy, labor and birth. A list of information that should be recorded and a sample record form are included at the end of this topic. If you do not have an antenatal record form, you can copy this information on a paper or in a booklet for each pregnant woman.

After reading this topic look at the skill checklists in *Guide For Caregivers*:

1) ***First Antenatal Visit***
2) ***Antenatal Revisit***
3) ***Antenatal Home Visit***

These provide a clear, step by step outline of what the midwife needs to do in giving antenatal care.

## HEALTHY MOTHER & HEALTHY NEWBORN CARE

### OBJECTIVES

By the end of this topic you will be able to:

1. Take an antenatal history (***ASK* and *LISTEN***) using the skill checklists

2. Perform an antenatal physical examination (***LOOK* and *FEEL***) using the skill checklists

3. Describe normal findings and common changes from the normal in a pregnant woman (***IDENTIFY PROBLEMS / NEEDS***)

4. Use the information from the antenatal history and physical exam to plan care with a pregnant woman to help her have a safe pregnancy and healthy baby (***TAKE APPROPRIATE ACTION***)

5. Describe the antenatal care you will provide to a woman in her home

6. Record information from antenatal history, physical examination, and plan of care on the antenatal card

7. List the equipment that may be used by the midwife for the antenatal examination

## WHAT DO I ALREADY KNOW?

Answer the following questions:

1. Ibu Tina is a 24 year pregnant woman who comes to you for antenatal care. When you take her antenatal history (***ASK*** **and** ***LISTEN***), you ask when she had her last menstrual period. Why is this information important?

2. Ibu Tina comes to you for antenatal care on April 13. The first day of her last menses was Dec 25. What is her due date? How many weeks pregnant is she?

3. Why will you ask Ibu Tina each of these questions at first antenatal visit?

   **!** Who are you?

   **!** Have you had any problems with past pregnancies or births?

   **!** How long have you been pregnant?

   **!** Have you had any problems in this pregnancy?

   **!** Are you taking any medications now?

   **!** Have you had tetanus injections?

   **!** Do you have any other concerns or problems?

4. Why is it helpful to estimate Ibu Tina's expected date of delivery from her menstrual dates before you do an antenatal physical examination?

5. List four things you will try to find out about the baby when you do the abdominal exam of Ibu Tina:

   1)

   2)

   3)

   4)

6. This is Ibu Tina's fourth pregnancy and she has three living children. Her last baby was born last year in May. She complains that she feels tired and her conjunctiva are slightly pale. What are six important things Tina should do? What will you explain to help her understand ***why*** she should do these things?
   1)

   2)

   3)

   4)

   5)

   6)

7. How will you know that Ibu Tina understands the information you have given her and is able to do as you advise?

8. What will you advise Ibu Tina about planning for emergency transportation if she or her baby need to be referred to a hospital?

9. What special questions will you ask when you provide antenatal care to a woman in her home?

# EXERCISE 3-1
# ANTENATAL HISTORY TAKING
# ASK and LISTEN

One way the midwife can learn if a pregnant woman is healthy and identify any concerns or problems is to take an antenatal history. During the first visit, the pregnant woman should become comfortable talking to you about herself. If she feels shy to talk about her body or about sex, it may be difficult for her to tell you things that you need to know about her health. To help her feel comfortable:

- **!** Provide privacy
- **!** Listen carefully to her
- **!** Answer her questions
- **!** Show that you respect her

***ASK*** the following questions and ***LISTEN*** carefully to the mother's answers. You must have this information each time you provide care to her. If the information is recorded on the antenatal record, you will not need ask it again. At each visit, review the written record. Since some of her answers might change from the previous visit, you will need to ask her about some things each time you see her.

**1. WHO ARE YOU?**

Find out about the woman as a person. Ask her name and address. How long does it take for her to come to the midwife? Does she work outside the home? If ***yes***, what kind of work does she do? Is she happy to be pregnant? How many babies does she want to have? How far did she study in school?

**2. HOW OLD ARE YOU?**

Women who are between 18 and 35 usually have the fewest problems giving birth.

**3. HOW MANY CHILDREN HAVE YOU HAD?**

Women who have had one or two babies, whose last baby was born at least two years ago, and whose children were born alive and healthy usually have the fewest problems during pregnancy.

Ask the woman if she has used family planning before. If she has, what method did she use? Did she like it? It may be a good time to ask her how she wants to space her children after this baby is born.

**4. HAVE YOU HAD ANY PROBLEMS WITH PAST PREGNANCIES OR BIRTHS?**

Has she has lost any pregnancies (including abortions and miscarriages)? Has she had bleeding before delivery, too much bleeding after delivery, or any problems with the afterbirth (placenta)? Has she had a Cesarean section? Have any of her babies died? Does she have any health problems, especially elevated blood pressure or diabetes? Did she have problems with breast feeding previous babies?

☞ **If a woman has a history of any problems, decide if she needs to see a doctor for antenatal care or if she should deliver in a hospital. Discuss your concern with the woman and counsel her.**

**5. HOW MANY WEEKS (MONTHS) PREGNANT ARE YOU (gestation)? WHEN IS THE BABY DUE (expected date of confinement)?**

Ask the woman the following questions to find out when her last menstrual period was and how many weeks (months) pregnant she thinks she is now. You will use this information to see whether the baby is growing and to confirm the length of the pregnancy when you do the abdominal examination (described on page 82).

1) **Has her monthly bleeding been mostly regular, once every 4 weeks?**

*Remember if a woman bleeds regularly every four weeks, she will usually get pregnant about two weeks after her last monthly bleeding. If the answer is **yes**, "monthly bleeding is mostly once every four weeks", go to the next question. If the answer is **no**, you will need to use "Ways to Figure Out Due Date and Gestation Using Other Signs of Pregnancy"*. See page 67.

2) **Was her last monthly bleeding normal?**

*If the answer is **yes**, go to the next question. If the answer is **no**, remember some pregnant women do have bleeding at the time they would normally have their monthly bleeding. Usually this bleeding is not a sign of a problem and it is lighter in amount and shorter in time. For these woman you would need to calculate her due date using her last "normal" monthly bleeding date.*

3) **Does she remember the date of the first day of her last monthly bleeding?**

*If the answer is **yes** to all three of these questions, you can figure out the due date and how many weeks (months) pregnant she is at this visit. Use one of the methods in the following table*, "Ways to Figure Out Due Date and Gestation Using Menses".

## WAYS TO FIGURE OUT DUE DATE AND GESTATION USING MENSES

| | |
|---|---|
| **CALENDAR METHOD** | To find the **Due Date:** take the first day of the last monthly bleeding and count backwards 3 months. Then add 7 days. *For example, if her last monthly bleeding started May 6, count back 3 months ( April 6, March 6, February 6). Then add 7 days (February 6 + 7 days). February 13 is her due date.* |
| **MOON METHOD** | To find the **Due Date:** if a woman's monthly bleeding is usually about one moon (4 weeks) apart, the baby is due exactly 10 moons after the first day of her last monthly bleeding. If a woman's monthly bleeding starts on a full moon, the baby is due 10 full moons later.<br>If her bleeding started on a new moon, the baby is due 10 new moons later. |
| **GESTATION WHEEL** | To find the **Gestation and Due Date:** calculate on the gestation/pregnancy wheel (if you have one). |
| **COUNT MONTHS** | To figure the **Gestation:** take the first day of the last monthly bleeding and count the number of months that have passed between that day and the first visit. *For example, if her last monthly bleeding started May 6 and you are seeing her the first time July 12, then a little more than 2 months have passed since the last monthly bleeding. This woman is about 2 months pregnant.* |

*If the answer is **no** to any of these three questions, see" Ways to Figure Out Due Date and Gestation Using Other Signs of Pregnancy", on the next page. Then you will need to ask her when she first noticed symptoms of pregnancy and measure the size of her uterus (see Exercise 3-2, page 82) to estimate her gestation and due date.*

## WAYS TO FIGURE OUT DUE DATE AND GESTATION USING OTHER SIGNS OF PREGNANCY

The following usually happen:

| SIGN | WEEKS | MONTHS | MOONS |
|---|---|---|---|
| **Breast Changes (enlargement and tenderness)** | 4 - 8 | 1 - 2 | 1 - 1 1/2 |
| **Nausea** | 4 - 6 | Around 1 | 1 - 2 |
| **Feel First Baby Movement** | Multip: 16-18<br>Primip:18-20 | Multip: 3<br>Primip: 3 - 4 | Multip: 4<br>Primip:4 |
| **Hear Baby Heartbeat with Stethescope** | 20 | 4 | 5 |
| **Due Date (Time from LMP)** | 40 | 9 | 10 |

Note: In calculating months each month has 5 weeks
In calculating moons each moon has 4 weeks

## PRACTICE I : FIGURING DUE DATE AND GESTATION

For the women below, use at least two of the methods described on the previous pages to figure out due date and gestation. Compare your answers to see if they are similar. You should get the same or very close due date and gestation:

1. Ibu Tina comes to you March 11. Her first day of the last monthly menses was October 3. What is her due date? What is her gestation?

2. Ibu Jenny comes to you April 14. First day of last menses was October 8. What is her due date? What is her gestation?

3. Ibu Rohana comes to you today (November 26) because she thinks she is pregnant. She has had one baby who is two years old. She stopped breast feeding when her baby was one year old and started having regular menses when her baby was 13 months old. She had a regular menses in August, starting 20 August, which lasted the normal six days with normal flow. She then had a very light menses for two days only in the middle of September. She has not had any more bleeding since then. She started feeling nausea and breast tenderness very soon after the light bleeding in September. She feels no movement of the baby. On examination you feel her uterus three finger breadths above the pubic bone. You hear no fetal heart beat. What is her due date? What is her gestation?

**Answers:**

1. **Ibu Tina's due date is July 10. Her gestation is 22 weeks.**
2. **Ibu Jenny's due date is July 15. Her gestation is 26 weeks.**
3. **Ibu Rohanna's due date is May 27. Her gestation is 13 weeks.**

☞ **At each repeat visit, the number of weeks (months) of pregnancy must be decided and compared to the size of the woman's uterus to see if the baby is growing.**

## 6. HAVE YOU HAD ANY PROBLEMS IN THIS PREGNANCY?

The midwife needs to be able to tell the difference between the complaints that are seen in a normal pregnancy and the complaints that are signs of complications. Ask questions that allow you to check her health.

**A GENERALLY HEALTHY PREGNANT WOMAN HAS :**

- ✓ Plenty of energy
- ✓ Good appetite
- ✓ No headaches or visual changes
- ✓ No severe nausea or vomiting
- ✓ No burning on urination
- ✓ No vaginal itching or irritation
- ✓ No vaginal discharge with odor
- ✓ No shortness of breath
- ✓ No severe pain in the abdomen, back or legs
- ✓ No bleeding from vagina
- ✓ No swelling of hands or face

*Explain to the woman that to keep herself strong and healthy, she must stay well rested. She should rest for at least an hour each day.*

**COMMON COMPLAINTS THAT ARE NORMAL IN PREGNANCY MAY INCLUDE:**

- **!** Mild nausea in the first three to four months
- **!** Some sleepiness in the first three to four months and again in the last weeks of pregnancy
- **!** Aches and pains that go away with rest, massage or exercise
- **!** A little shortness of breath at eight to nine months because the baby is taking up breathing room

*Explain that any of these common complaints she is feeling are normal. Advise her when they usually will go away and what she can do to make herself feel a little better.*

☞ **Any bleeding during pregnancy is *NOT* normal.**

## 7. ARE YOU TAKING ANY MEDICINES NOW?

You need to know if the woman is taking the medicines that were given to her (such as iron-folate and chloroquine). You should know if she is taking any other medications, and if she has ever had problems with any medicines.

*Explain to the woman that she should take:*

*a) One iron with folic acid pill (iron-folate) daily for a minimum of 90 days*

*b) 300 mg of chloroquine weekly (2 pills of 150 mg each), beginning from three months of pregnancy till six weeks postpartum (only if she lives in an area where malaria is common)*

*Explain that many medicines she might normally take could possibly harm her baby, so it is best for her to avoid all medicines except the ones prescribed by a trained midwife or a doctor, who know which medicines are safe for her to take.*

☞ **It is best for a woman to avoid all medicines during pregnancy, unless prescribed by a trained midwife or medical practitioner. There are many medicines that can harm the baby inside the womb.**

☞ **If the woman complains of nausea, constipation, or diarrhea from the iron-folate pills, tell her to take the pills with meals. She should not take iron pills with milk, tea or coffee. If she is taking three pills a day she can take them at different times during the day (morning, afternoon, and night).**

## 8. HAVE YOU HAD TETANUS INJECTIONS?

If yes, when was her last injection?

Most women receive tetanus toxoid at least once during infancy, twice in primary school, and once when they get married. Therefore, if the last injection was less than 10 years ago, she will only need one tetanus booster during this pregnancy. If a woman knows that she has had a tetanus immunization within the last ten years, give a booster at her first antenatal visit. If she does not know when she last had a tetanus immunization, give her a dose at her first visit and another dose at least one month later. Check with your local health authorities for where and when she can get these injections if you do not have the vaccine.

*Explain to the woman that the tetanus injection protects her and her baby from the disease.*

**9. DO YOU HAVE ANY CONCERNS ABOUT THIS PREGNANCY OR OTHER PROBLEMS?**

Does the woman have a supportive family to help provide money for pregnancy needs? Having comfortable housing, food, baby supplies, health care, and transportation will help her to relax and feel good about her pregnancy. You should ask this question several times during the pregnancy. If you listen carefully, you may learn important information when you are talking about other things.

Do all you can to help a pregnant woman relax and enjoy her pregnancy. If her family cannot help her, perhaps some experienced women in your community can help. If there is a medical or pregnancy problem, try to help the woman get the care she needs. Ask her if she knows how she will get to the hospital if she needs to go, and if her family is able to save some money just in case an emergency happens.

***DANGER SIGNS***

AT EACH VISIT ASK THE MOTHER IF SHE HAS HAD:

- ✓ **BLEEDING?**
- ✓ **HEADACHES?**
- ✓ **VISUAL PROBLEMS?**
- ✓ **SWELLING OF YOUR FACE OR HANDS?**
- ✓ **ABDOMINAL (EPIGASTRIC) PAIN?**
- ✓ **IS THE BABY MOVING AS MUCH AS USUAL?**

☞ **A woman should see a midwife or doctor immediately if she has a danger sign and know how she will get to the hospital if she needs to go.**

***ASK*** and ***LISTEN*** (Follow-up Visit)

Follow-up antenatal visits are just as important as the first visit. A pregnant woman can develop a problem at any time during her pregnancy. So the ***ASK*** and ***LISTEN*** questions you discuss with the mother during her follow-up visits can help you to pick up problems early while you are showing her that you are interested in her. Follow-up visits are also important to see if a previous problem is solved, staying the same, or getting worse. Below is a list of questions that will help you to get the information you need to be certain that all is well with the woman and her pregnancy:

| | | |
|---|---|---|
| **!** | Previous Problem | • *Is the problem better, stayed the same, or is it worse? Were you able to do what we had discussed for the problem? Did you try anything else?* |
| **!** | General Condition | • *How are you feeling? Sleeping? Eating?* |
| **!** | Danger Signs | • *Have you had any of these danger signs: bleeding, headache, visual problems, swelling of face and hands, abdominal (epigastric) pain, or baby not moving as much as usual?* |
| **!** | Other Problems | • *Have you had any problems such as pain with urination, tiredness, nausea and/or vomiting, unusual vaginal discharge or itching? Have you had any other problems?* |
| **!** | Iron Pills | • *Have you taken your iron? How much? How often? When do you take it? Have you had any side-effects?* |
| **!** | Tetanus Injection | • *When was your last tetanus shot? (Check the antenatal record if woman needs an injection)* |
| **!** | Weeks Gestation | • *How many weeks (months) pregnant are you today? (Discuss / review after calculating)* |
| **!** | Anything Else | • *Do you want to talk about anything else? Is anything bothering you or do you need more information about something?* |

***HOME VISIT WISDOM***
***ASK and LISTEN***

- ***!*** *Before the visit be sure you have permission to visit the woman and have agreed on a time.*

- ***!*** ***Meet the woman and her family****. Find out who is expected to be present for the birth. What feelings/worries do they have about the pregnancy, delivery and to-be new baby? Are they supportive of the mother? What do they want to do during labor, delivery, and postpartum?*

- ***!*** ***Expected birth attendant****. Find out who is expected to be the birth attendant. This is a wonderful opportunity to get information to learn what the birth attendant knows about pregnancy, delivery, and care of newborns. Find out what information she has collected and any concerns she may have, especially any high risk factors she may have found.*

- ***!*** ***History****. If the mother has not received prenatal care, ask all the questions that are asked at a first antenatal visit.*

- ***!*** ***EXPLAIN*** *to the pregnant woman, family, and birth attendant about findings that would require immediate care.*

  - ***N*** ***Mother feels very weak or tired all of the time, especially after the 8th month*** *(She may be anemic which can cause her to get poor labor contractions, bleeding after delivery, infection, and her baby may not be strong.)*

  - ***N*** ***Severe headache, epigastric pain, and swelling of face/hands*** *(She may fit or convulse, the baby may die, bleeding may be too much after delivery.)*

  - ***N*** ***Bleeding like a monthly period or heavier*** *(The mother and baby are in serious trouble and they may die.)*

  - ***N*** ***Severe belly pain or a bad smell from the vagina*** *(The mother and baby are in serious trouble and they may die.)*

  - ***N*** ***Constant pain in lower belly that sometimes goes to sides or back pain that does not get better with rest*** *(There may be a bladder infection which can cause early labor.)*

  - ***N*** ***Any serious fever, pain, coughing, vomiting, or diarrhea*** *(Any serious sickness will make the mother and baby weak and they may die.)*

  - ***N*** ***Baby is moving less than normal*** *(The baby may not be getting enough air from the mother and could be in serious trouble and even die.)*

*Continued on next page...*

***HOME VISIT WISDOM***
***ASK and LISTEN***

*If you have found any of these conditions during this* ***ASK and LISTEN*** *step, counsel the family. Tell them you know from experience that when a woman has any of these problems, it can easily turn into an emergency. Encourage them to take the woman to the hospital now, to avoid more serious problems*

*Most of the above problems, as well as a history of problems in a previous pregnancy (listed below) require that woman deliver at a referral site.*

- ***More than 5 pregnancies***
- ***Stillbirth or neonatal death***
- ***Retained placenta or severe bleeding***
- ***Cesarean section, forceps or vacuum extraction***
- ***Two or more miscarriages***
- ***Prolonged labor***
- ***Pregnancy induced hypertension***

*If the woman is healthy and has no signs of risk, remind the family how they can contact you. Ask them to inform you when the woman begins her labor, so you can visit and support the birth attendant.*

## WRITE RESPONSES TO THE FOLLOWING:

A. Write the nine ***ASK*** **and** ***LISTEN*** questions that you should ask a pregnant woman at her first antenatal visit. Give a one sentence example of an answer that she may give.

1.

2.

3.

4.

5.

6.

7.

8.

9.

B. Using this list of characteristics of a generally healthy pregnant woman, write the question you will normally ask to find out if the woman has had any problems in her present pregnancy:

| A generally healthy pregnant woman has: | What question will you ask? |
|---|---|
| ✓ Plenty of energy | |
| ✓ Good appetite | |
| ✓ No headaches or visual changes | |
| ✓ No severe nausea or vomiting | |
| ✓ No burning on urination | |
| ✓ No vaginal itching or irritation | |
| ✓ No vaginal discharge with odor | |
| ✓ No shortness of breath | |
| ✓ No severe pain in the abdomen, back or legs | |
| ✓ No bleeding from vagina | |
| ✓ No swelling of hands or face | |

**Compare your responses to the information in Exercise 3-1**

## EXERCISE 3-2
## PHYSICAL EXAMINATION
## LOOK AND FEEL

A physical examination (***LOOK* and *FEEL***) is another way the midwife finds out if the woman and baby are healthy. It is a way to see any changes in the woman's condition from one visit to the next. At the first visit, you will ***LOOK* and *FEEL*** to decide if the woman is pregnant and how many weeks (months) pregnant she is. At each visit, you ***LOOK* and *FEEL*** to see if the woman is healthy, if the baby is growing, if the size of the uterus matches the gestation you calculated from her dates, and later in the pregnancy, the presentation of the baby.

The woman may feel shy to undress in front of you, or for you to see parts of her body. Protect her privacy by covering her with a cloth and only exposing the part of her body that you need to see. Be gentle and friendly, explaining *what* you are going to do and *why* ***before*** you do it. After each step in the examination, tell the woman what you have found.

The following is a list of equipment that is helpful in giving antenatal care. The equipment may differ among midwives. The important thing to remember is that you can use your voice, eyes, ears, nose and hands to find out almost everything you need to know about a pregnant woman. Equipment is just an extension of the midwife. If equipment is available, it helps you with your work. If some of the equipment is not available, you can still give good antenatal care. You should make sure that everything is clean and ready to provide antenatal care.

**HELPFUL EQUIPMENT FOR ANTENATAL CARE**
**( = Helpful Equipment for Antenatal Home Visit)**

1. **Soap and water (to wash hands)**
2. **Antenatal record form**
3. **Gestation wheel**
4. **Adult scale**
5. **Height measurer**
6. **Blood pressure apparatus**
7. **Adult stethoscope**
8. **Fetal stethoscope (Pinnard)**
9. **Chloroquine pills**
10. **Iron-folate pills**
11. **Hemoglobin testing equipment**
12. **Tetanus toxoid**
13. **Injection equipment**
14. **Gloves**
15. **Referral sheet**
16. **Urine testing equipment:**
    - ✓ **Acetic acid 5%**
    - ✓ **Glass dropper bottle**
    - ✓ **Test tubes**
    - ✓ **Bunsen burner**

Almost all of the activities in ***LOOK* and *FEEL*** need to be done at each visit. Activities that need to be done once or only at particular points in the pregnancy are noted.

**1. *LOOK* FOR SIGNS OF GENERAL GOOD HEALTH**

Look at her energy level and skin. Look at the woman as she walks in to see you. Is she walking as though she feels well? Does she look happy? Watch how she walks to see if she has any skeletal deformity. Look at her skin as you examine her. Is it free from sores? Is she clean?

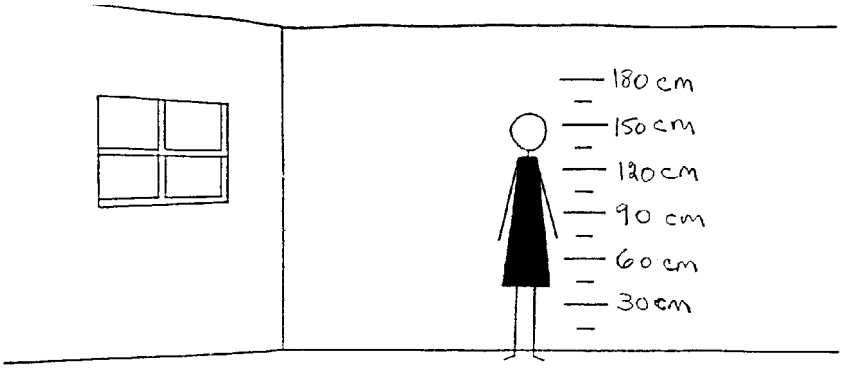
**2. WEIGH THE MOTHER AND MEASURE HER HEIGHT**

If you have a scale, *weigh* the mother at each visit. If you do not have a scale, ***LOOK*** at the mother to see if you think she is gaining weight. A woman gains an average of between 9 and 12 kilograms during pregnancy. Most of the weight is gained in the second half of pregnancy. Weight gain is one way to determine if the pregnant woman is eating enough. *Explain that some weight gain is normal. It shows that she is eating well and the baby is growing.*

☞ **If a woman gains less than 5 kilograms by 28 weeks, *REFER***

The ***height*** needs to be measured *only* on the first visit. If there is no measuring rod attached to the weighing machine, a part of the wall or a door may be marked in centimeters, or a tape measure may be nailed to the wall. If you have no way to measure, ***LOOK*** to see if the woman is shorter than other women from her area. A short woman may also have a small pelvis and have trouble in labor.

☞ **If a woman is less than 145 cm tall or seems much shorter than other women in her area, *REFER TO GUIDE FOR CAREGIVERS.***




Measuring height against scale marked on the wall

**3. TAKE HER BLOOD PRESSURE**

The blood pressure usually stays between 80/60 and 140/90. The blood pressure does not go up during pregnancy unless there is a problem. If the mother has a blood pressure of 140/90 or higher, have her lie on her left side and help her to relax (maybe she can sleep a little). After 20 minutes of rest, take her blood pressure again. If it has not gone down, it may be a sign of pregnancy induced hypertension (pre-eclampsia).

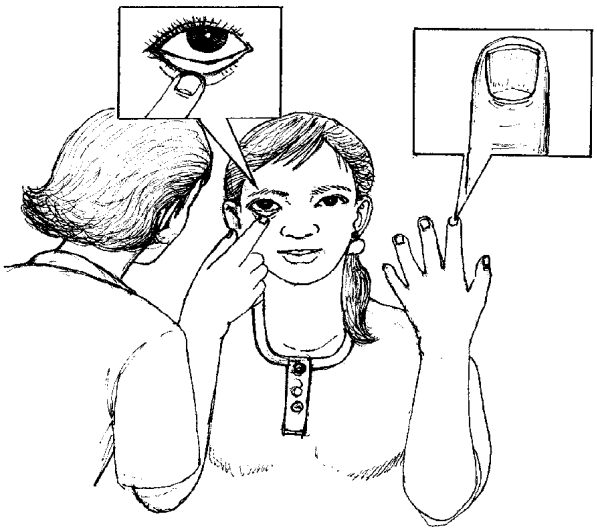
☞ **It is important to record all blood pressure readings.**

☞ **If the blood pressure is more than 140/90 or it does not come down after rest, *REFER TO GUIDE FOR CAREGIVERS*.**

**4. *LOOK* AT CONJUNCTIVA AND FINGERNAILS**

Pink conjunctiva and fingernails are healthy signs. Pale conjunctiva and fingernails may be signs of anemia. Ask the mother to show you her fingernails. Pull down the bottom of her eyelid to look at the conjunctiva. *Explain that you are checking her color to see how much blood she has. When her blood is good, she will feel well and strong during her pregnancy and delivery. Discuss the foods she should eat. (See Health Messages Early in Pregnancy, number 2, page 90) Explain that the iron-folate pills help to increase her blood and make her strong. She should take one pill every day, with juice or water. (See Health Messages Early in Pregnancy, number 3, page 91)*

☞ **If a woman looks pale *REFER TO GUIDE FOR CAREGIVERS.***

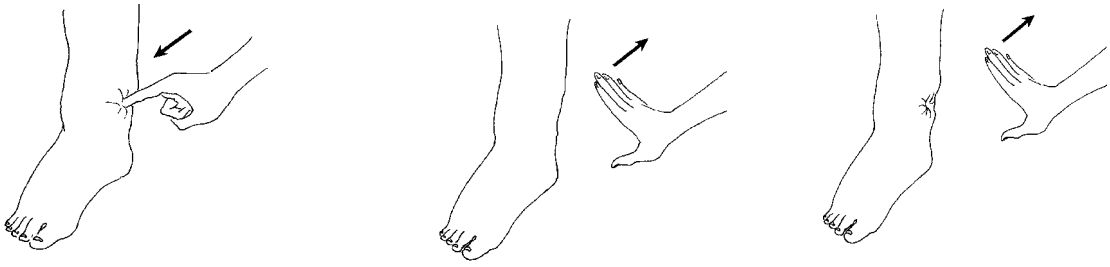


***LOOK* at conjunctiva and fingernails**

**5. *LOOK AND FEEL* FOR SWELLING IN THE HANDS, FACE, AND ANKLES**

A little swelling in the ankles is not a problem. Look at her and see if her face or fingers look puffy or swollen. Ask her if she has had to take off her rings or bracelets because they were too tight. Feel for pitting edema. Pitting edema or edema of the face may be a sign of pregnancy induced hypertension.

☞ **If the woman has pitting edema or edema of face,** ***REFER TO GUIDE FOR CAREGIVERS.***



Press her ankle here with your finger, then take your finger away.

If the skin bounces back quickly, it is not serious swelling.

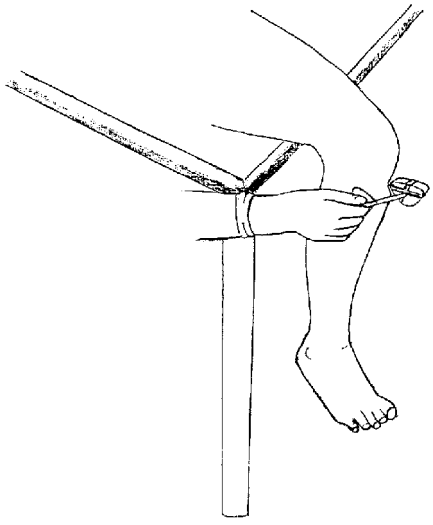
If your finger leaves a pit or dent that stays for a while, it is "pitting edema" or serious swelling.

***FEEL*** for edema

**6. *LOOK* AT KNEE REFLEXES**

Do the knee-reflex test. Ask the woman to sit on a table or bed and let her legs hang freely. Tell her what you are going to do. Then feel for her tendon right below the knee cap (patella). Hit the tendon with a quick, firm tap of the reflex hammer, knuckle of your finger or the side of your hand. The lower leg will move a little as soon as you tap the tendon. If the leg moves a lot and very quickly (briskly), it may be a sign of pregnancy induced hypertension. Do this test at the first visit and at other times if there are signs or symptoms of pregnancy induced hypertension.

☞ **If the woman's leg moves a lot and very quickly (brisk reflexes),** ***REFER TO GUIDE FOR CAREGIVERS.***



Knee reflex test

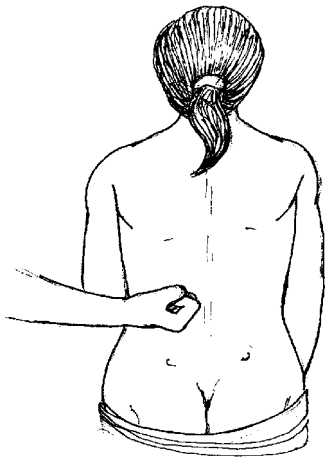
**SIGNS AND SYMPTOMS OF PREGNANCY INDUCED HYPERTENSION**
**(IF YOU FIND ANY OF THESE, REFER TO GUIDE FOR CAREGIVERS)**

| | |
|---|---|
| ***ASK AND LISTEN*** | ✓ Headache<br>✓ Vision changes - blurring or spots<br>✓ Epigastric pain |
| ***LOOK AND FEEL*** | ✓ Pitting edema in ankles<br>✓ Edema in face and hands<br>✓ Blood pressure of 140/90 or higher<br>✓ Blood pressure that does not go down after rest<br>✓ Brisk knee reflex - leg moves a lot and very quickly<br>✓ Protein in urine |

**7. *FEEL* - TAP THE BACK FOR KIDNEY TENDERNESS**

*Tell the woman you are going to gently tap her back.* If she feels pain when you tap over her kidney area with your fist, it is a sign of kidney infection. If there is pain, it is usually only on one side. Do this check at the first visit and at other times if there are signs or symptoms of urinary tract infection. *Encourage her to drink at least six to eight glasses of water, juice and other liquids each day. Advise her to avoid tea and coffee, since these keep her body from using some of the food she eats.*

☞ **If the woman has pain over kidney area, *REFER TO GUIDE FOR CAREGIVERS.***



Tap the lower back over each kidney, using your fist.

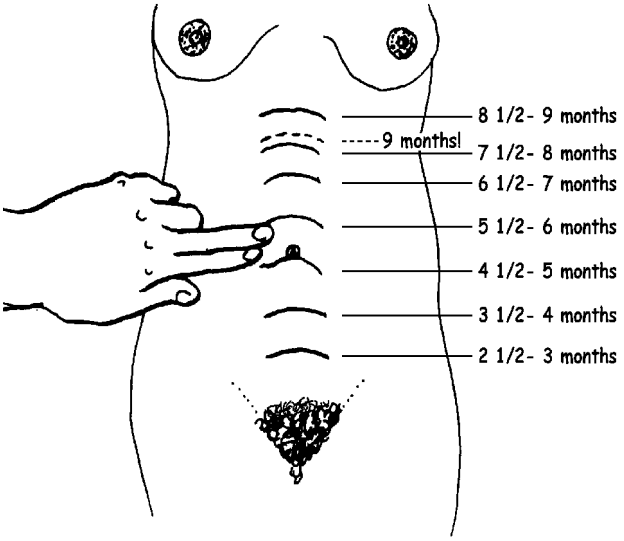
## 8. *LOOK* AND *FEEL* THE BREASTS AND ABDOMEN - *LISTEN* TO THE BABY'S HEART BEAT

### Breasts

At the first visit, examine the women's breasts for any lumps. *Explain that the changes in her breasts are a sign that her body is preparing to feed the new baby. Talk to her about the importance of exclusive breast feeding for the first four months.*

### Baby's growth

the uterus moves up in the mother's abdomen. The uterus grows about two finger breadths in a month. At 12 weeks the top of the uterus is usually just above the pubic bone. When the baby is about 20 weeks old, the top of the uterus is usually at the mother's umbilicus. *Explain to the mother that her body is changing as the baby grows inside her. Her abdomen will continue to grow.*




***FEEL*** for the growth of the baby.

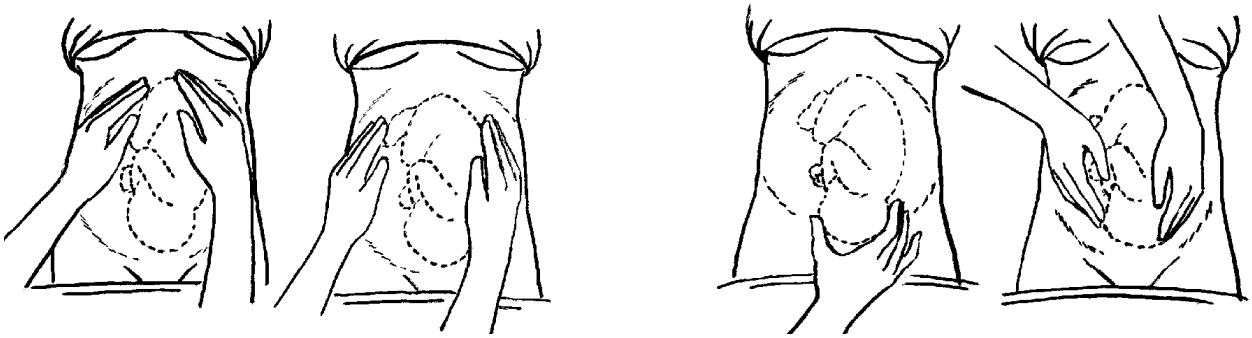
At the first visit, ***FEEL*** the uterus to see if the size seems correct for the weeks of gestation that you estimated from the woman's dates. If you do not have information about the dates, then you will need to estimate the weeks of gestation from the size of the uterus.

At each subsequent visit, measure the uterus to be sure that it is growing normally. It should not be too small or too large. The growth may vary among women, but the most important thing is that the uterus grows two finger breadths per month. *Each time you measure the uterus, explain to the mother what you have found.*

☞ **If growth of the uterus is less than 2 finger breadths per month or more than two finger breadths per month, *REFER TO GUIDE FOR CAREGIVERS.***

**Baby's presentation and lie**

***FEEL*** for the baby's head and body. By 30 - 32 weeks, the baby is usually lying with the head down towards the mother's pelvis (vertex presentation). Most babies lie more on one side of the mother than the other. Look and feel for movement of the baby:



***FEEL*** for the lie of the baby.

**Step 1**: Feel what part of the baby is in the upper uterus
**Step 2**: Feel for the baby's back
**Step 3**: Feel what part of the baby is in the lower uterus
**Step 4**: Feel for descent of baby's presenting part

*Tell the mother about the baby's position.*

☞ **If the baby's head is not down by 36 weeks (beginning of the ninth month), *REFER TO GUIDE FOR CAREGIVERS.***

**Baby's heart rate**

The heart rate gives you information about the baby's health and position inside the mother. Beginning at 20 weeks, listen to the heartbeat at each visit. Usually the baby's heart rate is 120-160 beats per minute. Ask the mother how active the baby is.

*Tell her when you are able to hear the baby's heart beat and let her listen. Also tell her that if the baby stops being active, she must inform you as soon as possible.*

☞ **By 28 weeks: If you can not hear the baby's heart beat, or the heart rate is more than 160 or less than 120 beats / minute, or the mother says the baby is not moving as much or has stopped moving, *REFER TO GUIDE FOR CAREGIVERS.***

**Lower Abdomen**

***LOOK*** at the skin and ***FEEL*** the inguinal / femoral area. Normally the skin in this area is smooth and no sores or lymph nodes can be felt. If the mother has painful, frequent urination or back/kidney tenderness, ***FEEL*** the lower abdomen (suprapubic area) for tenderness of the bladder. This is another sign of a urinary tract infection (UTI).

☞ **If swelling, sores, or enlarged lymph nodes or tenderness of the bladder are observed, *REFER TO GUIDE FOR CAREGIVERS.***

**9. *LOOK* AT THE VULVA**

Wash your hands and put on gloves. A small amount of clear or white (odorless) vaginal discharge may be seen. Normally there is no itching, swelling, sores, or bleeding. After you are finished, remove the gloves and wash your hands again.

*While you are examining the woman, explain to her that all women need to know how to protect themselves from infection, even if she is not in danger of getting one. Tell her you will talk with her about it more after the examination.* *See page 94*

☞ **If itching, swelling, sores, or bleeding are observed, *REFER TO GUIDE FOR CAREGIVERS.***

**10. DO LABORATORY TESTS AS APPROPRIATE**

The type of lab tests you will do when caring for a pregnant woman and how often you should do them will depend on the guidelines / protocols in your country. It also depends on whether the woman's pregnancy is normal and the equipment and supplies available to you. These tests can include urine test for protein and glucose, hemoglobin and hematocrit, blood type and RH factor, Rubella antibody screen, sickle cell test, VDRL (test for syphilis), and tests for other reproductive tract infections.

Two tests that you must do and the times they should be done are noted below. More information about the tests can be found in the Antenatal Guidelines and in the section explaining Procedures/Tests in *Guide for Caregivers* .

| | | |
|---|---|---|
| **!** | Anemia test | visual screening (and hemoglobin if available) at the first visit and every 3 months |
| **!** | Urine test | when signs of pregnancy induced hypertension, check for protein |

☞ **If the hemoglobin is less than 11 gm or visual screening shows pale conjunctiva and nails and extreme tiredness, or if protein is positive, *REFER TO GUIDE FOR CAREGIVERS.***

***HOME VISIT WISDOM***
***LOOK and FEEL***

! ***Physical Examination. If the mother has not received prenatal care, do the physical examination as for the first antenatal visit (See Skill Checklist - First Antenatal Visit in Guide for Caregivers.)***

! ***If you have found any problems during the physical examination that makes you believe the woman should not give birth at home, speak with her, the family and birth attendant about it. Explain what you have found, why it is a problem (or the problem that is likely to develop) and what they need to do or to plan.***

***Any of these findings, based on the physical exam, could make a home delivery risky:***

- ***Height less than 145 cm or seems shorter than other women in her area***
- ***Blood pressure 140/90 or greater, swelling of face and hands, quick reflexes, protein in the urine***
- ***Severe anemia***
- ***Bleeding (from the vagina)***
- ***Baby too small or too big for length of pregnancy***
- ***Baby's position is not head down***
- ***Baby's heart rate is not normal***

! ***REMIND the pregnant woman, her family and birth attendant of danger signs that need immediate attention (See "Danger Signs" on page 71). Take some time to explain why each of them requires immediate attention. Help the family to understand and feel comfortable with their responsibility to take fast action when something is not right with the mother. Help them to decide where they will take her for care, how they will get there, and all of the many other decisions they would need to make (See "Plan for Emergency Transportation" on page 93). When they understand the signs and think through the required actions, the family can make a timely decision and take the best action if they see a danger sign.***

## WRITE THE RESPONSES FOR THE FOLLOWING:

Describe what you will ***LOOK*** and ***LISTEN*** for in the 10 steps of an antenatal physical examination. Also write what you will explain to the mother as you complete each step.

| LOOK and LISTEN for : | Explain/Advise |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |

**Compare your responses to the information in Exercise 3-2**

# EXERCISE 3-3
# DECIDE NEEDS and TAKE APPROPRIATE ACTION

***IDENTIFY PROBLEMS / NEEDS***

After you have finished the examination and the mother has dressed, encourage her to ask questions and talk about any other concerns she may have. Decide the woman's problems and needs using the information from the first two steps: ***ASK* and *LISTEN*** (history), ***LOOK* and *FEEL*** (examination). For example, you may find that she is healthy and the baby is growing according to expected dates. If this is the case, you can plan her care with her. If you have identified any problems, plan the action that is needed, using the Antenatal Guidelines in *Guide for Caregivers.*

You can provide additional advice, information and counseling to the woman and answer her questions about normal pregnancy, delivery, the new baby, and family planning. You can dispense medicines such as iron-folate and chloroquine and give tetanus immunization. You can talk with her about where she plans to deliver and where to go if a complication develops. You can also schedule her next visit.

A woman who gets good antenatal care is more likely to have a safe, healthy pregnancy and birth. You can help a woman to have a healthy pregnancy by providing her with good advice, counseling, and care at her regular antenatal checkups.

***TAKE APPROPRIATE ACTION***

Talk with women about how to stay healthy as soon as you learn they are pregnant. The earlier a woman practices healthy habits, the healthier she and her baby will be at the birth. It is important for her to have information about the pregnancy and delivery, the importance of self-care during pregnancy, the advantages of breast-feeding, preparation for delivery, and preparation for a new baby. Encourage the woman to make a ***plan for emergency transportation*** in case she or the baby develop any of the danger signs during pregnancy, labor, delivery, or postpartum.

It is important to help pregnant women think about family planning (FP). Providing a woman with the information she needs about FP and the different methods she can use (see the Skill Checklist - Family Planning Counseling in *Guide for Caregivers*) before the baby is born, gives her and her family time to make this important decision.

## WRITE RESPONSES TO THE FOLLOWING:

What advice and information will you share with pregnant women when counseling them? Be sure each message includes information that helps the woman understand **why** she should do this.

Early in the pregnancy:

1.

2.

3.

During the pregnancy:

1.

2.

3.

4.

5.

About their diet:

| Food | Why is it important? | How much/How often? |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

When the woman plans to deliver at home:

1.

2.

3.

4.

5.

**Compare your responses to the information on the following pages**

## HEALTH ADVICE AND INFORMATION

The best time to provide information about ways to stay healthy during pregnancy is at the moment it is most **relevant**. In exercise 3-1 and 3-2, you read some information, advice and explanations the mother should receive as you take her history and do the physical examination. Below is a summary of health information and advice pregnant women need. You may have listed these same points on the previous pages. The information is divided into times during the pregnancy when a woman is more likely to need it, but it can also be given at other times. You may need to give some of the information several times during the pregnancy. Each time you see her, offer the woman additional information, advice and counseling. Do not try to give her all the information at one time. If you think you may see her only once, choose the most important information, based on your assessment of her condition and situation.

**EARLY IN PREGNANCY:**

1. A woman's body ***changes*** during pregnancy. Her womb and breasts grow. Some women also suffer from nausea during early pregnancy.

2. A woman needs more food and fluids during pregnancy, because she shares the nourishment with her baby. Different foods help/benefit her body in different ways. To stay healthy and to help her baby grow well, the woman must ***eat enough of the right foods***. Pregnant women, their families and communities need to know that a good diet is important for pregnant women. Before you advise the woman about her diet, ask her what foods are available to her. Keep her answer well in mind when you decide what to advise.

   **!** Eat some foods from each of the three food groups at least twice each day, including, body building foods (protein), protective foods (vitamins and minerals), and energy foods (carbohydrates, fats and sugar). In addition, eat snacks such as fruit or nuts. Each food helps your body and your baby in a special way.

   **!** Eat more of the foods that give your body ***calcium***. ***Calcium*** makes bones and teeth strong. The growing baby needs a lot of calcium to make its new bones. Milk and other foods made from milk, small fish in which the bones can be eaten, soy bean foods (such as tofu) and other beans, and dark green leaves are all rich in calcium. (Tea and coffee prevent the body from using calcium. Avoid them.)

   **!** Eat more of the foods that give your body ***iron. Iron*** makes the mother's and baby's blood strong. In the last trimester, the baby is making blood and muscle faster, and the placenta and uterus grow. All of these use iron. Foods that are rich in iron are all types of meat, chicken, fish, organ meats, and also beans, peas and grains. If they are not overcooked, vegetables including green leaves, tomatoes, peppers, and pumpkin and fruits all have Vitamin C to help the body make use of the iron in the food. (Tea and coffee reduce the body's ability to use the iron in foods. Avoid them.)

- **!** A pregnant woman should drink six to eight large glasses of water (or juice or other liquids) each day. Liquids help her kidneys to clean her blood and put waste into the urine, which she then urinates out. This can also help to prevent bladder or kidney infections.

Check with your country's nutrition experts to find out other foods you can recommend to help pregnant women stay healthy.

3. In addition to eating the right foods, all pregnant women need ***iron-folate pills*** to correct or prevent anemia.
   - **!** Anemia makes a woman feel tired and unable to work very hard. It is a serious problem for the pregnant woman and her unborn baby. If a woman is still anemic by the time she starts labor, her labor could be longer and harder, and she is in great danger of hemorrhaging after the delivery.
   - **!** Iron-folate pills should be taken for a minimum of 90 days during the pregnancy, with juice or a piece of fruit. Do not take it with other foods, especially milk, tea, or coffee.
   - **!** Some women experience problems when they take the iron-folate pills, such as constipation, diarrhea, and nausea. They are not serious and usually go away in a few days. If they do not, she should come and tell the midwife.

4. A pregnant woman should ***keep her body clean***, care for her teeth, and get daily exercise.

5. A pregnant woman should ***avoid certain things*** during pregnancy and breast feeding:

   - **!** Being near any people who are ill. She or the baby might get the illness, too.
   - **!** Taking medicines. Medicine should be taken only when there is a good reason and medical advice, such as iron-folate pills, because some medicines can harm the baby in the womb.
   - **!** Strong fumes, cigarette smoke or poisonous chemicals. These are known to harm the baby inside her. She should not work with chemicals or breathe chemical fumes or dust. She should not cook or store food in containers that had chemicals inside. She should not be near people when they smoke.

**DURING PREGNANCY:**

1. A pregnant woman should ***rest at least one hour a day*** with her feet up. Sleep, rest and relaxation help pregnant and breast feeding women stay strong and resist illness. Try to help a pregnant woman's family understand why it is important for her to rest and sleep well.

2. ***Enjoy the pregnancy***. If a woman has enough good food, rest and emotional support, and is not worried about how to feed and care for her new baby, pregnancy can be a peaceful, enjoyable part of life.

3. A woman needs to ***take at least 90 iron-folate pills*** during her pregnancy. She should continue to take them even if she feels well. A woman can get more iron-folate pills from the midwife or buy them from a store.

4. A pregnant woman can ***prepare for her new baby***. She can get bedding and clothing for the newborn and talk with her family about help at home once the baby is born.

5. ***Breast milk is the best food*** for a new baby. Breast milk is the only food or liquid needed by a newborn until four months of age. A baby who receives ***only*** breast milk is considered exclusively breast fed. ***Exclusive breast feeding*** protects the baby against sickness and infection, and can help protect the mother from pregnancy for up to six months after delivery.

6. During labor, the pregnant woman will need to drink a lot of fluids, urinate often, and rest when she can. The midwife will work closely with her during the birth. During the last part of labor (Stage II) she can help her baby to be born by pushing. But, shortly before the baby is born, the midwife may ask her to help so the baby does not come too fast. Then she will need to breathe in short, fast, hard breaths, and to blow the air out. Demonstrate the way you will want her to breathe in second stage labor (see Topic 5, page 165). Ask the woman to ***practice this way of breathing.***

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7. A pregnant woman can ***prepare for delivery***. She and her family can gather supplies such as clean bed clothes, perineal pads or cloths, a bar of soap, and she can begin saving money for any emergency that could happen during labor and delivery. A pregnant woman also needs to develop a ***plan for emergency transportation*** with the family in case she or the baby develops a complication and needs to go to the hospital. You will need to review the plan with the mother at every visit.

**PLAN FOR EMERGENCY TRANSPORTATION:**
**THINGS TO THINK ABOUT**

The following are questions that you can ask a mother as you help her think about a plan for emergency transportation in case she or her baby develop any complications and need to go to a hospital during pregnancy, labor, delivery or postpartum. Not all families are willing to talk about this, so you will need to decide if it is appropriate to discuss all the following points:

- ✓ *Can you begin saving money now for a possible emergency?*
- ✓ *If you cannot save money now, how can you get money if an emergency happens?*
- ✓ *What kind of transportation will you use?*
- ✓ *Where will you find it at night?*
- ✓ *Is the owner someone you can contact easily?*
- ✓ *How far away is he?*
- ✓ *Who will let the owner know that you need his help to get to the hospital?*
- ✓ *How much will he charges at night?*
- ✓ *How much will a health center or hospital cost?*
- ✓ *Who will take care of your other children?*
- ✓ *Who will go with you?*

8. During her pregnancy, the parents should ***plan their next pregnancy*** if they want another baby. It is important for the new baby to get love and time with the parents for two years. Also in that time, the mother's body will again become rested and healthy. There are several different FP methods that a couple can use. See Topic 6, Ex. 6-5 page 230, for family planning methods.

9. After the delivery the woman still needs to take one iron folate pill each day for 40 days, to help her body regain the iron lost through bleeding during delivery. The mother should also take one Vitamin A capsule, which passes through her breast milk to protect the baby from infections.

10. A new mother should ***prevent exposure to reproductive tract infections*** (RTI's). Depending upon her situation, she can:

- **Use Condoms**. When they are used correctly, condoms can help prevent the spread of sexually transmitted diseases, including AIDS. Condoms used with a contraceptive jelly, cream, or foam that contains Nonoxynol-9 works even better.

- If the man will not use condoms, she can:
  - Use vaginal spermicide jelly or cream, especially one containing Nonoxynol-9. This can help prevent an infection.
  - Wash the outside of the genitals after sex (but do not douche).
  - Urinate right after sex
  - Not have sex during her monthly bleeding.

- **Be careful who she has sex with**. It is best to have sex only with one faithful partner.
- **Not have sex with anyone who has many sex partners** or with anyone who injects illegal drugs.
- **Treat RTI's early**. This will protect her from more serious problems later on, and will prevent the spread of infection to others. She should not wait until she is very ill.
- **Help her partner to get treated when she does.** It is important to take the proper medicine, and to see a health worker.
- **Make sure to take all the medicine**. Even if the signs go away, she will not be cured until all the medicine if finished.
- **See a health worker, or go to a clinic or hospital, if she does not feel better soon**.
- **Not have sex with a man who has a rash, sores, or a discharge from his penis, or burning when he urinates**.

From: A Book for Midwives, Hesperian Foundation, (1995)

Carefully explain to the pregnant woman what she must do to care for herself. Discuss ways you can help her follow your advice.

***HOME VISIT WISDOM***
***IDENTIFY PROBLEMS / NEEDS -- TAKE APPROPRIATE ACTION***

*Look at and discuss the place planned for the birth. Make sure the birthing area and the place the woman will urinate during labor are very clean. Explain to the family that the birthing place must be very clean to protect the mother and baby from infections. Check that they have available:*

- ***clean clothing for the mother to wear during labor***
- ***lots of clean cloths or rags to put under the mother during labor***
- ***at least 4 very clean baby blankets***
- ***lots of clean water for washing and drinking***
- ***a way to boil water (they family should have some extra fuel set aside)***
- ***foods and fluids for the mother***
- ***lots of clean cloths or perineal pads for the mother to use after delivery to absorb the blood that comes out***

*If they have not yet prepared clothing, cloths, rags and blankets, advise that these should be washed well, hung in the sun all day to dry, or pressed dry with an iron, if available. Sunshine and the hot iron kill germs that cause infection. Store them in a clean place until they are needed.*

! *Discuss the equipment and supplies the family will need to care for the mother and baby during labor and delivery:*

- ***soap, chlorine (bleach), alcohol and a brush for scrubbing fingernails***
- ***bowls for washing and for the placenta***
- ***a packet of sterile ribbon or string for tying the cord***
- ***a clean, unopened (new) packet of razor blades (to cut the cord)***

*If the Home Birth Attendant (HBA) will do the delivery, does she have everything she needs for a clean, safe delivery?*

! *Ask where and how the family usually wash clothing and bedding. Explain that the mother's clothes and bedding will need special care after the birth. They will need to be soaked in the chlorine solution, then washed with soap, rinsed and hung in the sun to dry. These items must not be washed in a river or other body of water.*

! *Ask about the people who will be with the woman during labor and delivery. Explain that anyone with a cold, sore throat, cough, fever or other illness should stay away, because they can give their illness to the mother or the new baby. If anyone has a sore on their hands, face or body, they must take great care not to touch the new baby, because these will cause him harm.*

*People who plan to attend the birth should wear very clean clothing. They can wash clothing (as described for the mother) and keep it in a clean place until the woman goes into labor. They should bathe, then dress in very clean clothing. From then until after the birth, they must wash their hands after they touch the mother or their own clothing or hair. They should wash again if they get blood, mucus, liquor, stool or dirt on their hands. These actions will help to prevent infection in the mother or baby.*

! *If the mother has not had antenatal care, review with her and her family the "Health Advice and Information" that seems appropriate for them at this visit (beginning on page 90).*

! *Ask what plan they have for disposal of the placenta. Explain that the placenta needs to be handled in a special way in case there are germs in it that can make a person sick. It must be put in a bowl with chlorine solution and kept for ten minutes before it is handled. It must not be put into a river.*

! *Ask how they will kmow it is time to call the midwife/Home Birth Assistant to come for the birth. If they are not sure, give these suggestions:*

- *When labor contractions become regular and hurt more. (If the mother had a very fast labor last time, they should call you as soon as her contractions begin.)*
- *When the bag of water breaks*
- *When the mother and/or family feel they need you*

! *If an HBA will do the delivery, explain to the mother, family and HBA the different role that you, the midwife, play. Offer your support fpr he HBA and suggest that the family inform you when labor begins.*

## HEALTHY MOTHER & HEALTHY NEWBORN CARE

### HOW OFTEN WILL YOU SCHEDULE ANTENATAL CHECKUPS?

Before a mother leaves, set a time for her next antenatal checkup. Make sure that she knows when and where the checkups will be.

Minimum antenatal schedule for healthy women:

| | |
|---|---|
| First antenatal visit ..... | When a woman thinks she is pregnant. It is best that the first visit be **before** 20 weeks |
| Second antenatal visit ..... | At least once in the second trimester (before 28 weeks) |
| Other visits ..... | At least twice in the third trimester (after 28 weeks) |

☞ **A pregnant woman should visit her health care provider any time she has any danger signs or a concern.**

## EXERCISE 3-4
## ANTENATAL RECORD INFORMATION

Use an antenatal card for recording the information from the mother's antenatal visits if one is available. The "Antenatal Record" shown on pages 99-100 is an example of an antenatal card. If you do not have a card, copy the information in the boxes below onto a paper or in a book to make a record for the pregnant woman. It is a good idea to give the mother her records and explain the information on the card to her. If she has a problem or cannot return to you, she will have the information about her pregnancy to give to another health care provider.

Look at the Antenatal Record example and find where this information goes:

**RECORD THIS INFORMATION AT THE FIRST VISIT**

- ✓ Name
- ✓ Age
- ✓ Address
- ✓ Children (gravida, parity, date of last birth)
- ✓ Date of last monthly bleeding
- ✓ Probable due date
- ✓ Problems with this pregnancy
- ✓ Problems with other births or pregnancies
- ✓ Planned place for delivery
- ✓ Desire for family planning postpartum
- ✓ Physical exam results (including any abnormalities)

**RECORD THIS INFORMATION AT EVERY VISIT**

- ✓ Date of visit
- ✓ Month or weeks of pregnancy
- ✓ General health
- ✓ Non-physical problems
- ✓ Weight
- ✓ Blood pressure
- ✓ Baby's heart beat
- ✓ Baby's position (when gestation > 32 weeks)
- ✓ Size of uterus (how many fingers above or below the umbilicus, above symphysis or below xiphoid)
- ✓ Signs of problems, if present (bleeding, headaches, visual problems, swelling of face or hands, abdominal or epigastric pain, baby not moving as much as usual, etc.)
- ✓ Any change in place for delivery

**RECORD THIS INFORMATION WHEN INDICATED**

- ✓ Medications given
- ✓ Tests done (Hemoglobin, protein in urine, etc.)
- ✓ Advice and counseling given
- ✓ Vaccines given

**ANTENATAL HOME BASED CARD**

**Health Unit:**_____
**No.**_____
**Name:**_____
_____
**Age:**_____ **Married / Single / Widowed**
**Address:**_____
_____
**Occupation:**_____
_
**Education:**_____
**Next of Kin:**_____
**Relationship:**_____
_
**Occupation:**_____
_
**Deliver Where?**_____
**Go Where After Delivery?**_____
_____
**Gravida:**_____ **Para:**_____
**AB:**_____
**Blood Group:**_____**Rh:**_____

**DATING OF THIS PREGNANCY**

**Menses:** **Every**_____**Days for**_____**Days**
**Amount: Heavy / Normal / Light**
**Date of Conception (If known)**_____
**LMP:** **Date:**_____ **Normal / Not Normal**
**First Exam:** **Size**_____
**Date**_____
**Confirms LMP: Yes / No**
**First FHR:** **Gestation**_____ **Date**_____
**Confirms LMP: Yes / No**

**EDD:**_____
_____

## PREVIOUS ILLNESS

**Medical :**
- **Anemia:**
- **Rheumatic Fever:**
- **Cardiac Disease:**
- **Lung Disease (TB/Asthma):**
- **Renal Disease:**
- **Hypertension:**
- **Infections (RTI, Herpes):**
- **Diabetes:**
- **Epilepsy (seizures):**
- **Sickle Cell (joint pain::**
- **Phlebitis/Varicosities:**

**Surgical:**
- **Operations (when/what):**
- **Blood Transfusions (when / how many):**
- **Fractures:**

**FAMILY HISTORY**
- **Hypertension:**
- **Diabetes:**
- **Kidney Disease:**
- **Heart Disease**
- **Lung Disease:**
- **Epilepsy (seizures):**
- **Cancer:**
- **Twins:**
- **Health of Husband:**

**CONTRACEPTIVE HISTORY**
- **Methods Ever Used:**
- **When Discontinued:**
- **Happy / Not happy with method:**

**DIET / HABITS/ MEDICINE HISTORY**
- **Eats Enough:**
  - **Body Building Protein:**
  - **Protective Vitamins and Minerals:**
  - **Energy Carbohydrates, Fats ,Sugar:**
  - **Fluids:**
- **Habits / Exposure:**
  - **Alcohol**_____ **Smoking**_____
  - **Other Drugs**_____ **HIV**_____

**Allergy to Meds:**

**THIS PREGNANCY**
- **Problems (what problem / how long):**
- **Weight Loss:**
- **Pruritus:**
- **Present x 1 month:**
  - **Fever**_____ **Cough**_____
  - **Diarrhea**_____ **Other**_____

**PHYSICAL EXAM:**
- **Height**_____ **Weight**_____ **BP**_____
- **Pulse** _____ **Temp** _____ **Nutrition**_____
- **Skin:**
- **Mouth/Teeth (Oral Thrush):**
- **Neck**
- **Lungs:**
- **Heart:**
- **Breasts:**
- **Abdomen:**
- **Lymph Glands:**
- **Neuro (reflexes) / Legs:**
- **Back (CVAT):**
- **Anemia Screen:**
  - **Eye Conjunctiva**_____ **Nails**_____
- **Pelvic Exam:**
  - **Vulva:**
  - **Vagina:**
  - **Cervix:**
  - **Uterine Adnexa:**
  - **Signs of RTI:**

# Sample of ANTENATAL RECORD

## PREVIOUS OBSTETRICAL HISTORY

| MOTHER'S PREGNANCIES / DELIVERIES | | | | | | CHILD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| No. Preg-nancy | Year | Weeks Gestation | Type of Delivery | Length of Labor | Complications (Antenatal, L & D, Postpartum) | Alive, Stillborn, Died Later | Sex | Birth Weight | Immun-izations | Health Status or Cause of Death |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |

## ANTENATAL VISIT FINDINGS

| Date | Weeks Gest | Fundal Height | Fundal Ht. > or < 2 cm from Normal | Presen-tation | FHR | Weight | BP | Varicose / Edema | Urine | TT | Hgb | Findings / Complications / Problems | Date Next Visit | Name Examiner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| LAB - DATE AND RESULT | | | TREATMENTS | RISK FACTORS |
|---|---|---|---|---|
| Test | Date | Result | | |
| Type & Rh | | | | |
| Rubella | | | | |
| VDRL | | | | |
| Sickle Cell | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Pelvic Assessment - 36 Weeks | | | | |
| Diagonal Conjungate | | | | |
| Sacral Curve | | | | |
| Ishial Spines | | | | |
| Subpubic Arch | | | | |
| Ischial Tuberosities | | | | |
| Pelvis: Adequate / Borderline / Contracted | | | | |

## WHAT DID I LEARN?

**Answer the following questions:**

1. Ibu Tina is a 24 year pregnant woman who comes to you for antenatal care. When you take her antenatal history (ASK and LISTEN), you ask when she had her last menstrual period. Why is this information important?

2. Ibu Tina comes to you for antenatal care on April 13. The first day of her last menses was Dec 25. What is her due date? How many weeks pregnant is she?

3. Why will you ask Ibu Tina these questions at first antenatal visit?

   - Who are you?
   - Have you had any problems with past pregnancies or births?
   - How long have you been pregnant?
   - Have you had any problems in this pregnancy?
   - Are you taking any medications now?
   - Have you had tetanus injections?
   - Do you have any other concerns or problems?

4. Why is it helpful to estimate Ibu Tina's expected date of delivery from her menstrual dates before you do an antenatal physical examination?

5. List four things that you will try to find out about the baby when you do the abdominal exam of Ibu Tina:
   1)

   2)

   3)

   4)

6. This is Ibu Tina's fourth pregnancy and she has three living children. Her last baby was born last year in May. She complains that she feels tired and her conjunctiva are slightly pale. What are six important things Tina should do? What reason will you give her for each of these?
   1)

   2)

   3)

   4)

   5)

   6)

7. How will you know that Ibu Tina understands the information you have given her and is able to do as you advise?

8. What will you advise Ibu Tina about planning for emergency transportation if she or her baby had to be referred to a hospital?

9. Fill in the antenatal card on the following page for Ibu Tina using the information from your above answers.

**Look up and compare your responses with the information in the Topic.**

**Review any information you do not clearly understand.**

**Practice skills using the skill checklists.**

**Perform antenatal skills with co-worker observation and feedback, using the skill checklists located in *Guide for Caregivers* for: First Antenatal Visit and Antenatal Revisit, and Antenatal Home Visit.**

**If you do not have a co-worker, then perform the skills on the checklist and check yourself. Repeat this five times and make note of your improvement.**

# TOPIC 4
# CARE IN THE FIRST STAGE OF LABOR

## INTRODUCTION

Labor is a natural process in which the cervix opens and a baby and placenta are pushed out from a woman's body. The midwife cares for the woman during labor by monitoring her condition and the baby's condition to identify any complications ***early***. In addition to providing physical care, the midwife also provides comfort and emotional support to the woman in labor.

When you begin caring for a woman in labor, you should look at the antenatal record to learn about her pregnancy. Then you should use the partograph to help monitor the progress of labor. In this topic, you will review or learn how to write down all the things you learn about a woman's labor, using the partograph. A list of suggested equipment for monitoring labor is included.

After reading this topic look at the skill checklists in *Guide For Caregivers*:

1) ***Admission in Labor***

2) ***Monitoring Labor Progress Using the Partograph***

These will provide a clear, step by step outline of what you need to include in the admission physical examination and the later examinations, as you monitor the progress of labor.

## OBJECTIVES

By the end of this topic you will be able to:

1. List and describe the three stages of labor

2. Take a history of a woman in labor

3. Decide the frequency and duration of contractions, and the lie and descent of the baby by performing an abdominal examination of a woman in labor

4. Check the condition of the baby by listening to and counting the heartbeat, and by noting the amount and color of the amniotic fluid

5. Do a vaginal examination of a woman in labor to decide the cervical condition, the state of membranes, and the descent, position and presentation of the baby

6. Monitor labor progress, the condition of the mother, and the condition of the baby using the partograph

7. Identify changes from the normal and take necessary action, using the partograph guidelines

8. Give physical care, comfort and emotional support to the mother during labor

9. Record information about the first stage of labor on the partograph

10. Show appropriate use of equipment during the first stage of labor

**WHAT DO I ALREADY KNOW?**

Answer the following questions:

1. Ibu Tina comes to you in labor on September 30. She is having contractions every 10 minutes. What are two questions that you would want to ask Ibu Tina?

2. When you examine Ibu Tina, you find she is 1 cm dilated. You decide that she is in latent phase of labor. Latent phase of labor should not last longer than _____.

3. Four hours later, Ibu Tina is 4 cm dilated, and she is now in active phase of labor. During active phase of labor, the cervix should dilate at least _____ per hour and the fetal heart rate should range between _____ and _____ beats per minute.

4. Describe the care you would provide to Ibu Tina to:

   Meet her emotional needs

   Provide comfort to her

   Keep her clean

   Keep her hydrated

Take care of her stool

Keep her bladder empty

5. What information do you need to find out during Ibu Tina's labor and how often do you need to check it?

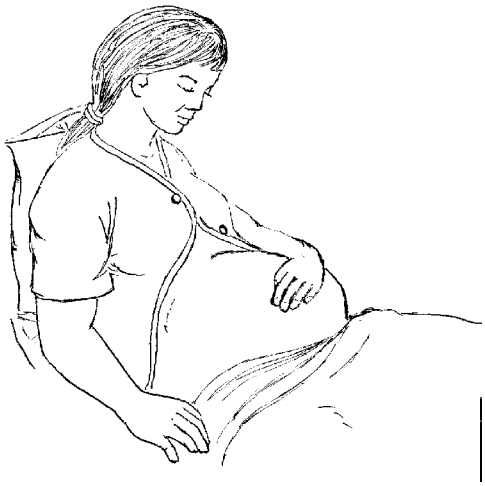
| | What Information? | How often? |
|---|---|---|
| **The baby?** | | |
| **Ibu Tina?** | | |
| **The progress of labor?** | | |

## EXERCISE 4-1
## STAGES OF LABOR

The **FIRST STAGE OF LABOR** is the time from the beginning of regular contractions until the cervix is completely open. Dilatation is measured in centimeters (cm) from 0 to 10 cm. The first stage of labor has of two phases: latent and active. The contractions in the ***LATENT PHASE*** cause the cervix to thin out (effacement). The cervix begins to slowly open (dilatation) from 0 to 2 cm. This latent phase should last ***no longer than 8 hours***. In the ***ACTIVE PHASE*** the contractions are stronger than in the latent phase. They cause the cervix to dilate more quickly (from 3 to 10 cm dilatation). In the active phase the cervix should dilate at least ***1 cm each hour.***

When full cervical dilatation is reached (10 cm), the **SECOND STAGE OF LABOR** begins and the contractions help push the baby out. As the baby moves down into the birth canal, the woman feels like pushing with each contraction. Often she cannot stop herself from pushing and she may make long, grunting or groaning noises from her throat. Now, her pushing efforts can help speed the birth of her baby. She should rest and only push with contractions. The second stage ends when the baby is born.

The **THIRD STAGE OF LABOR** is the time after the birth of the baby until the placenta is delivered.



## WRITE RESPONSES FOR THE FOLLOWING:

1. In your own words, describe what happens in each of the stages of labor:

   First stage of labor

   Second stage of labor

   Third stage of labor

2. Describe what happens to the cervix in:

   Latent phase of labor

   Active phase of labor

**Compare your responses to the information in Exercise 4-1**

## EXERCISE 4-2
## CARE OF MOTHER DURING LABOR

Labor demands a woman's total physical and emotional effort. In this exercise, you will learn about ways to help the mother to be more comfortable and to give her emotional support during labor.

Women will be in different stages of labor when you go to them in their homes or when they come to you. The care you provide to each woman will depend upon the needs you find.

### Emotional support

The birth of a baby affects the whole family. If the husband or relatives want to be involved in the birth, include them. Let them watch, listen and help when they can. The family will feel reassured when they realize you understand how important the birth is to them. A woman may suffer discomfort and pain if she worries about the delivery or if she has had problems before you see her. Stay calm and reassure her and her family, even if others are upset and disturbed.

### Comfort

Encourage the woman in labor to take any position she finds most comfortable. She may feel like sweeping, cooking or visiting with friends during early labor. She may walk, sit, squat, rest on her hands and knees, or lie down. Walking, sitting and squatting help the baby descend into the pelvis. Encourage her to move around and be active.

☞ **Advise the woman in labor *NOT* to lie flat on her back, so the blood vessels bringing blood to her and her baby are not squeezed.**

### Fluids

Encourage the woman to drink nourishing fluids or water during labor. Fluids provide energy and prevent dehydration.

☞ **Dehydration can exhaust a mother and slow down or make her contractions more irregular.**

### Cleanliness

Infections that start during labor and childbirth may cause the death or illness of the mother or baby. A woman should bath and wear clean clothes during labor. You should wash your hands often and use disinfected or sterile instruments. (See Topic 2 - Prevent Infection.)

### Passing Stool

A woman should pass stool before she starts labor if at all possible. A full rectum may make a woman in labor more uncomfortable. Sometimes, a woman may want an enema if she is constipated when she begins labor. Enemas are no longer recommended for every woman in labor.

☞ **Never give an enema to a woman in late labor, when membranes are ruptured, when the woman is bleeding, or when she has high blood pressure.**

### Passing Urine

A woman in labor should pass urine at least every two hours, or more often if she can. A full bladder will slow the baby's descent and cause discomfort to the mother.

## WRITE RESPONSES FOR THE FOLLOWING:

1. Describe the care you will provide to a woman in labor:

Emotional support

Comfort

Fluids

Cleanliness

Stool

Bladder

**Compare your responses to the information in Exercise 4-2**

## EXERCISE 4-3
## HISTORY TAKING
## ASK AND LISTEN

Welcome the woman and others coming with her. Show her a comfortable place to sit or lie depending on her choice. Depending on the woman's condition and stage of labor, you may need to take the history (***ASK* and *LISTEN***) quickly. Explain to the woman that you need to ask her some questions about her labor. As you ***LISTEN*** to the answers from the woman, write the information on the labor record (partograph). The partograph will be discussed in detail in Exercise 4-5.

***ASK*** the following questions and ***LISTEN*** to the answers.

**1. HAVE YOU RECEIVED ANTENATAL CARE? WITH WHOM? HOW MANY VISITS?**
If the woman has been coming to your antenatal clinic, you will know her and may have her record to review. The record or the mother can tell you how many times she attended antenatal clinic. If you have not seen her before, she may bring her antenatal record with her.

**2. WHAT IS YOUR PAST PREGNANCY HISTORY?**
If you do not have her history, find out the number of pregnancies/babies and their gestation, length of labor, type of delivery, and any problems she had in pregnancy, labor and delivery, or postpartum. Were her babies breast fed? If yes, how long, and did she have any problems?

**WOMEN WITH A HISTORY OF ANY ONE OF THESE SHOULD BE REFERRED TO THE HOSPITAL:**

- ✓ More than 5 pregnancies
- ✓ 2 or more miscarriages
- ✓ Stillbirth or neonatal death
- ✓ Cesarean section, forceps or vacuum extraction
- ✓ Retained placenta or severe bleeding
- ✓ Prolonged labor
- ✓ Pregnancy induced hypertension

**3. HOW OLD ARE YOU? (AND OTHER PERSONAL INFORMATION)**

What is her name? How old is she? Is anyone with her and will they stay with her during her labor and delivery? Where is she planning to go after her delivery?

Women 18 - 35 usually have the fewest problems. Women younger than 18 may have a difficult labor and delivery because their pelvis may not be fully grown. If a women is over 35 (especially if this is her first pregnancy), her body may be tired and less flexible, so her labor may be longer and delivery more difficult.

**4. WHAT IS THE HISTORY OF THIS PREGNANCY?**

How many weeks pregnant is she? Has she had any problems during this pregnancy? Has she taken any medications during this pregnancy?

☞ **If the woman in labor is not at term*, REFER TO HOSPITAL.***

**5. WHAT IS YOUR MEDICAL HISTORY?**

Has she ever had any medical problems?

☞ **Any woman who has heart disease or shortness of breath, kidney disease, diabetes, tuberculosis, malaria, severe anemia, high blood pressure, or epilepsy should be *REFERRED TO THE HOSPITAL.***

**6. WHEN DID YOUR LABOR PAINS BEGIN? HOW OFTEN DO THEY COME?**

Listen carefully and you will get a good idea just how the woman is doing. Is she afraid? Is she having pain (Where? How often? For how long)? She may not know exactly when the pains started but will be able to tell you if they started during the night, morning or afternoon.

7. **HAS YOUR BAG OF WATER (MEMBRANES) BROKEN?**

Ask if the bag of water has broken. If she does not know, explain that the bag of water surrounds the baby and breaks close to or during labor. She may notice a slow leaking of fluid or a rush of water. If it did break, when? How much fluid and what color was it?

☞ **If the membranes have been ruptured more than 6 hours or if the fluid (liquor) is meconium-stained,** ***REFER TO GUIDE FOR CAREGIVERS.***

**8. HAVE YOU HAD ANY BLOODY SHOW OR BLEEDING?**

The woman may see a spot of blood, or bloody show on her clothing. Tell the woman that the bloody show is a spot of blood and mucus that comes out of the opening of the womb during early labor. She can tell the difference between bloody show and vaginal bleeding because show is often sticky and stretches between her fingers. Decide before the vaginal examination whether any vaginal blood is normal bloody show or more serious bleeding.

☞ ***DO NOT*** **do a vaginal examination if you think that the blood is not just bloody show. Bleeding during pregnancy is a sign of serious problems and referral is necessary.**

**9. HAVE YOU TAKEN ANY MEDICINE OR TREATMENT TO INCREASE OR DECREASE YOUR LABOR?**

A woman may have taken medicine for her labor pains. A traditional healer, family member or friend may have given her some local medicine. Ask her about what she took. What are the effects? Decide if the effects are helpful, harmless or harmful.

☞ **Check the mother's labor more closely if she has taken any traditional medicines.**

**10. HAVE YOU HAD ANY SYMPTOMS OF HEADACHE, VISUAL CHANGES, OR UPPER ABDOMINAL PAIN?**

Headache, visual changes, or upper abdominal (epigastric) pain may be signs of pregnancy induced hypertension.

☞ **If a woman complains of any of these symptoms, check her for edema, elevated blood pressure, very active reflexes, and protein in her urine. Refer her if the findings are *NOT* normal.**

**11. WHEN DID YOU LAST EAT?**

Labor may cause a woman with a full stomach to vomit. Explain that food and water give strength and it is important to eat small amounts of food and drink water especially during early labor. Tell the woman that she should not eat a lot of food at one time.

**12. WHEN DID YOU LAST PASS STOOL?**

An empty rectum allows more room for the descent of the baby and is more comfortable for the mother. Enemas are no longer routine practice for all women in labor. If a woman is constipated, she may want an enema, to be more comfortable.

☞ **Never give an enema to a woman who does not want one, who is in late labor, has ruptured membranes, has any vaginal bleeding, or pregnancy induced hypertension.**

☞ ***ASK* and *LISTEN* are the first steps when caring for a woman in labor.**

## WRITE RESPONSES FOR THE FOLLOWING:

Give the 12 ***ASK* and *LISTEN*** questions that should be asked of a woman on admission into labor and explain *why* you need to know this information:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

**Compare your responses to the information in Exercise 4-3**

## EXERCISE 4-4
## PHYSICAL EXAMINATION
## LOOK AND FEEL

You must do physical examinations of the mother and her unborn baby ***(LOOK* and *FEEL)*** during labor to find out how things are going for them. Before you start, make sure you explain to the mother and her family what you are going to do. Give them time to ask questions and help them understand **why** you are doing the exam.

When a woman in labor and her family meet you for the first time, you must make a quick decision: is she about to deliver? If you think that the delivery will happen soon, you need to do a shortened physical examination and prepare for the birth. First, confirm the stage of labor, the presenting part of the baby and anything that might affect the safety of the mother or the baby. Find out about any complications during the pregnancy and take the mother's blood pressure, temperature and pulse, and the baby's fetal heart rate. Usually, however, there is time to do the full examination as described in this exercise.

A physical examination on admission will help you find any new problems or any problems that might have been missed in antenatal clinic. This exam is even more important for a woman who has not attended antenatal clinic. Examinations during labor will help you to identify ***early*** any problems that are developing.

The following is a list of ***equipment / supplies*** that are helpful in giving care to women in the first stage of labor. It may differ among midwives. The important thing to remember is that you can use your voice, eyes, ears, nose and hands to find out almost everything about a pregnant woman. Equipment is just an extension of the midwife. If equipment is available, it helps you with your work. If some of the equipment is not available, you can still give good care during the first stage of labor. Make sure that everything is clean and ready.

### EQUIPMENT AND SUPPLIES
### FIRST STAGE OF LABOR

1. Partograph record
2. Fetal stethoscope (Pinard)
3. Adult stethoscope
4. BP apparatus
5. Urine testing equipment
6. Soap and water
7. Cup and liquids to drink
8. Watch or clock
9. Gloves
10. Pen
11. Thermometer

The following sections will describe three parts of the physical examination (general, abdominal, and vaginal) in more detail:

## GENERAL EXAMINATION

A general examination will help you decide the general condition of the mother.

1. Before you begin, ***ask the woman to empty her bladder*** and ***collect a urine sample***. If you find signs of pregnancy induced hypertension, you will need to test her urine for protein. (See Testing Urine for Protein in Procedures, Part B, *Guide For Caregivers*.)

2. ***Wash your hands*** before you begin.

3. ***Take her temperature, pulse and blood pressure***.

4. ***LOOK at her general condition*****.** Is she hydrated? Is she clean? Does she look worried? Is she in pain? Is there edema of hands or face? Are there any signs of anemia?

## ABDOMINAL EXAMINATION

An abdominal examination will help you decide the stage of labor, the progress of labor and the condition of the baby.

1. ***Explain*** to the woman and her family that you will feel her abdomen many times, until the baby arrives. Explain that when you do this, you are feeling for:
   - the progress of labor (how often and how strong the contractions are and feeling that the baby is going down in to the birth canal)
   - the condition of the baby (feeling the movements and listening to the heart beat)

   Let them know that you will tell them your findings so they too will know the progress of labor and the condition of the baby. Encourage them to ask any questions they may have.

2. ***LOOK*** for the ***shape of the uterus*** and for any ***scar***.

3. ***FEEL*** the ***height of the uterus*****,** the ***presentation*****,** ***engagement*** and ***descent*** of the baby**.** ***FEEL*** for the strength, frequency and duration of the ***contraction*****s.** Try to ***estimate the size of the baby*****.**

4. ***Listen for and count the baby's heart rate*****.**

5. ***Tell*** the mother and family the findings of the examination and ***record the information on the partograph*****.**

☞ ***ALWAYS FEEL THE ABDOMEN FOR DESCENT AND POSITION OF THE BABY BEFORE YOU DO A VAGINAL EXAM*** **so you can confirm the descent and position of the baby in the vaginal examination.**

## VAGINAL EXAMINATION

When you perform a vaginal examination, ***LOOK*** **and** ***FEEL*** to decide the ***dilation*** of the cervix, the status of the ***membranes***, the ***presenting part*** and ***position***, ***molding*** of the vertex presentation, and ***descent*** of the presenting part. ***Perform a vaginal exam on labor admission and at least every four hours***.

The vaginal examination must be performed with care to prevent the risk of infection to the vagina, cervix or uterus. Often this examination is very uncomfortable for a woman in labor. You must be as gentle as possible while still getting the information you need. Once you insert your fingers into the woman's vagina, do not take them out until her examination is complete.

1. Make sure the mother has emptied her bladder

2. Collect the equipment

3. Reassure and explain each step to the mother, and provide privacy

4. Wash your hands with soap and water and put on high level disinfected or sterile glove(s)

5. Ask the woman to lie on her back with her knees bent and her legs spread apart. Cover her as much as possible.

6. ***LOOK*** for discharge (blood, liquor or meconium) on her vulva and clothing

7. Wash the genital area with soap and water or antiseptic, washing from front to the back of the genital area until clean

8. Hold the woman's labia apart with your non-examining hand

9. ***LOOK*** at the vaginal opening for discharge, blood, liquor, meconium, veins, sores, or warts

10. Gently put the index and middle finger of your examining hand into the vagina. ***Once your fingers are in the vagina, do not take them out until the exam is over.***

☞ ***NEVER PERFORM A VAGINAL EXAMINATION IF THE WOMAN IS BLEEDING.***

### During the vaginal exam *FEEL* for:

- ✓ **Dryness and temperature of the vagina**. A hot and dry vagina may mean prolonged labor, dehydration or infection.
- ✓ **Scarring of the vagina**. May indicate previous lacerations or an episiotomy.
- ✓ **Thickness (effacement) and dilatation of the cervix**. The cervix is thin, soft and open during labor.
- ✓ **Bag of waters (membranes).** The bag of waters often does not break until the cervix is more than half way dilated. ***LOOK*** at the color of the amniotic fluid if the bag is broken. ***FEEL*** for presence of the umbilical cord.
- ✓ **Presenting part**. Check if the head is engaged and moving down through the pelvis. Compare the descent with the abdominal exam for progress. If the head can be reached, ***FEEL*** the fontanelles and sutures for molding and overlap. Decide the position of the baby.

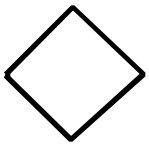
☞ **If the bag of waters is broken, feel for prolapse of the umbilical cord. It will feel soft and pulsating. *REFER* a prolapsed umbilical cord immediately.**

## DECIDING BABY'S POSITION

Most babies deliver occiput anterior (face looking down). When a baby delivers occiput posterior (face looking up) the labor is longer and usually more painful. To decide the position of the baby you must:

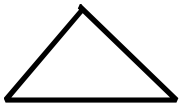
! Know the difference between the baby's anterior and posterior fontanelles:

Anterior Fontanelle (front)



Shaped like a diamond

Posterior Fontanelle (back)

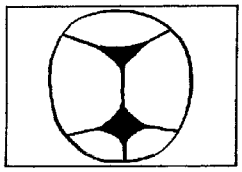


Shaped like a triangle

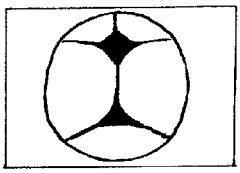
! Decide where the baby's posterior fontanelle (occiput area) is in relation to the mothers pelvis (anterior, transverse, or posterior, and left or right)

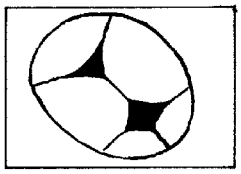
Imagine the boxes below are mother's lying on their backs**.** You are feeling the baby's head while doing a vaginal exam. **The following are the positions of the baby when the baby's posterior fontanelle is toward the mother's right side:**

Occiput Anterior

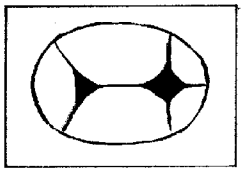


Occiput Posterior

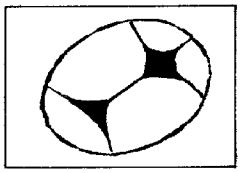




Right Occiput Anterior



Right Occiput Transverse



Right Occiput Posterior

Draw the positions in the boxes below: **Baby's posterior fontanelle is toward the mother's left side (the exact opposite):**

Left Occiput Anterior

Left Occiput Transverse

Left Occiput Posterior

☞ **If the presenting part is other then the head (abnormal presentation), *AND* delivery is not about to happen**

***OR***

**If the presenting part is floating (at 5/5)**

***OR***

**there is no progress in descent,**

***REFER.***

☞ **An occiput posterior position, molding or caput may mean a longer and difficult second stage. Monitor for prolonged second stage of labor and see the box "If the Baby is Moving too Slowly or is not Moving Down" (page 163, Topic 5).**

**COMPLETING THE VAGINAL EXAMINATION**

10. Remove your hand

11. ***LOOK*** for any vaginal discharge or bleeding on the glove or coming from the vagina after the examination

12. Remove your gloves and wash your hands.

13. Help the woman return to a comfortable position

14. Explain the findings to the woman and her family

15. Record the findings on the partograph

***IDENTIFY NEEDS / PROBLEMS***

From your findings in the history and physical examination, identify the care the woman needs.

***TAKE APPROPRIATE ACTION***

If you found a problem that must be cared for at the hospital, refer the woman. Give care according to the Guide for Caregivers. Explain to the woman what will happen during labor, that you want to help her in a team effort and that you will be with her as much as she wants. Give the appropriate counseling to the woman and her family for any problems found. Request and or do any laboratory tests that are needed. Record your actions on the partograph.

## WRITE RESPONSES TO THE FOLLOWING:

Describe what you will do and what you will look for when you perform:

***General examination*** of a woman in labor

***Abdominal examination*** of a woman in labor

***Vaginal examination*** of a woman in labor

**Compare your responses to information in Exercise 4-4**

# EXERCISE 4-5
# USING THE PARTOGRAPH TO MONITOR LABOR

## INTRODUCTION

The **PARTOGRAPH** is a tool the midwife uses to record the information from the history and physical examination of the woman in labor. It helps you to follow and interpret the progress of a woman's labor through recording of cervical dilatation, descent of the fetal head, and contractions. The partograph also helps you to monitor maternal and fetal well being by following the fetal heart rate, condition of amniotic fluid, mother's temperature, pulse and blood pressure. The partograph is a useful tool to help you manage the labor of women with or without complications. The partograph is ***not*** a replacement for labor care. This exercise describes how to record your observations on the partograph.

☞ **Labor care involves more than a partograph. It involves individual care and attention for each woman in labor. Refer to Partograph Guidelines in "Healthy Mother and Healthy Newborn Care: A Guide for Caregivers" for management of problems in labor.**

A sample partograph is shown on the next page. On it, locate each of the observations listed below.

### PARTS OF THE PARTOGRAPH

**A. Progress of labor:**
1. Cervical dilatation
2. Descent of the presenting fetal head
3. Uterine contractions

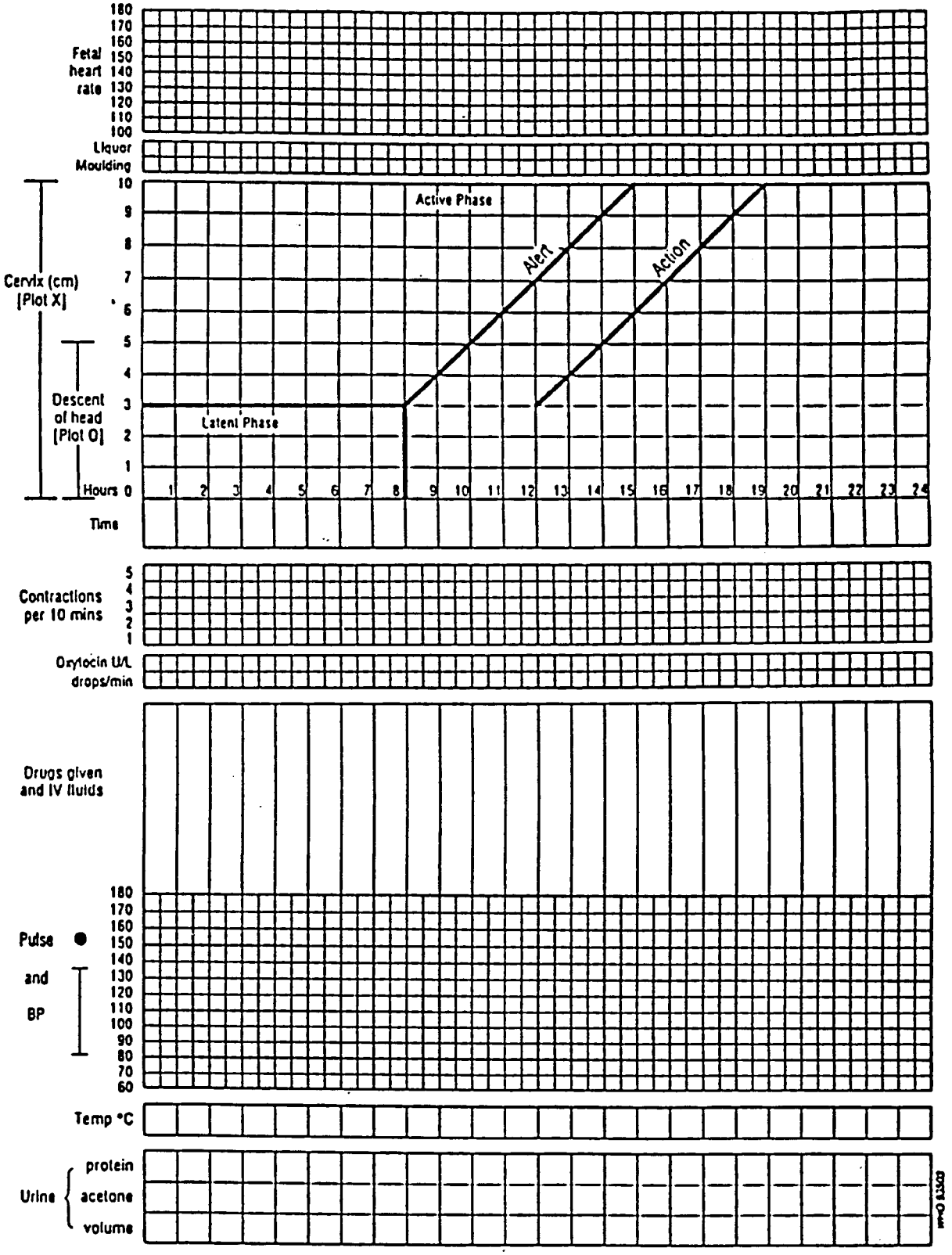
**B. Fetal condition:**
1. Fetal heart rate
2. Color and amount of liquor
3. Molding of the fetal skull

**C. Maternal condition:**
1. Pulse and blood pressure
2. Temperature
3. Urine tests and volume
4. Medications given
5. Fluid intake

# PARTOGRAPH

Name Gravida Para Hospital no.

Date of admission Time of admission Ruptured membranes hours



## HOW TO USE THE PARTOGRAPH

When a woman is admitted in labor, you must evaluate her condition and the condition of her baby. Use the information already described in Exercise 4-3 ***ASK* and *LISTEN*** and Exercise 4-4 ***LOOK* and *FEEL***. Start the labor record (partograph) by writing the woman's name and other admission information. ***Write the time of arrival (admission)***. You will use this time to follow the progress of labor. Find out when the contractions began, if she has had any bleeding, and if and when the membranes ruptured. Take the woman's temperature, pulse, and blood pressure. Listen to the fetal heart rate, and feel for contractions. Perform an admission physical examination, including a vaginal examination (if there is no bleeding). The following information describes and helps you learn how to record, observe and interpret your findings, using the partograph. Any additional information can be added to the second page of the partograph under "Labor Notes".

### A. PROGRESS OF LABOR

1. CERVICAL DILATATION

First stage of labor is divided into the latent and active phase. The ***latent phase*** is from 0-2 cm dilatation. The ***active phase*** is from 3-10 cm.

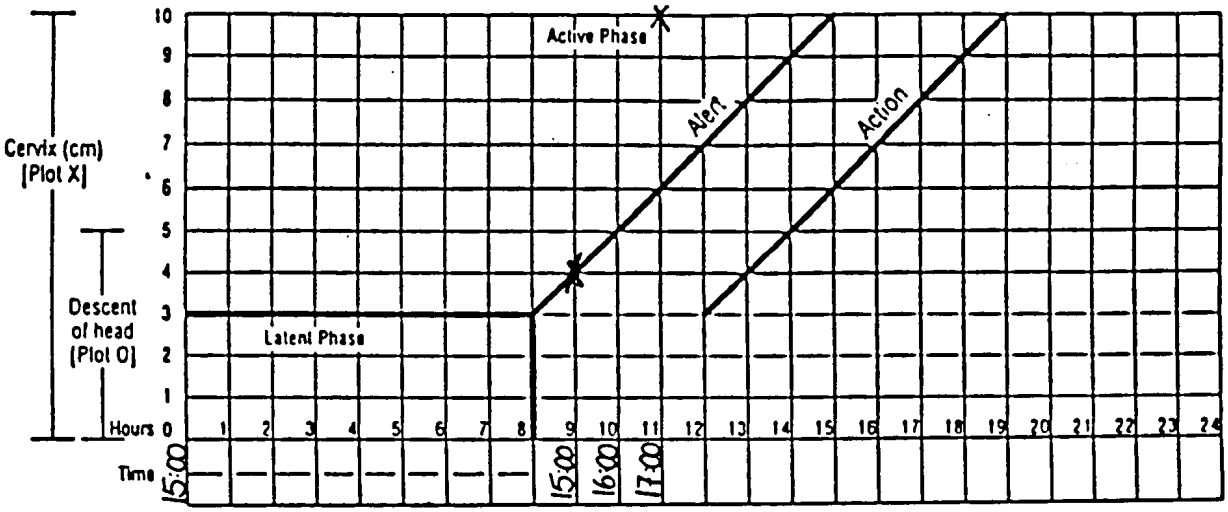
| | | |
|---|---|---|
| **!** | To Record Dilatation | Look at the partograph. Find the area along the left side, labeled: ***Cervix* (cm) [Plot X]**. Also along the left side are the numbers 0 - 10. Each number/square represents 1 cm dilatation and represents the number of cm the cervix is dilated. |
| **!** | To Record Time | Along the bottom of the graph are numbers 0 - 24 for the ***Hours*** and ***Time*** in labor. Each number/square represents one hour. The time of admission is written ***in front of*** the first square. |
| **!** | Latent, Action and Alert Lines | On the graph, three dark lines are drawn:<br>• ***Latent Phase*** is drawn along the line for 3 cm in dilatation from time 0 to 8 hours.<br>• ***Alert*** is drawn beginning at 3 cm in dilation from time 8 hours and extending to 10 cm at 15 hours. This line increases 1 cm per hour.<br>• ***Action*** is drawn 4 hours to the right of the Alert line (from 12 hours to 19 hours for 3 to 10 cm dilatation). |

☞ **Vaginal examinations are made at least every four hours.**

☞ **If progress is satisfactory, cervical dilatation will remain *ON* or *TO THE LEFT* of the alert line.**

**PRACTICE 1: ACTIVE PHASE ADMISSION**

Look at the following graph. This woman is admitted in the active phase of labor:




The time of admission is 15:00. The cervical dilatation on admission is 4 cm. The dilatation of the cervix is plotted on the alert line at the place equal to her dilatation and the clock time written directly under the **X** in the space for time.

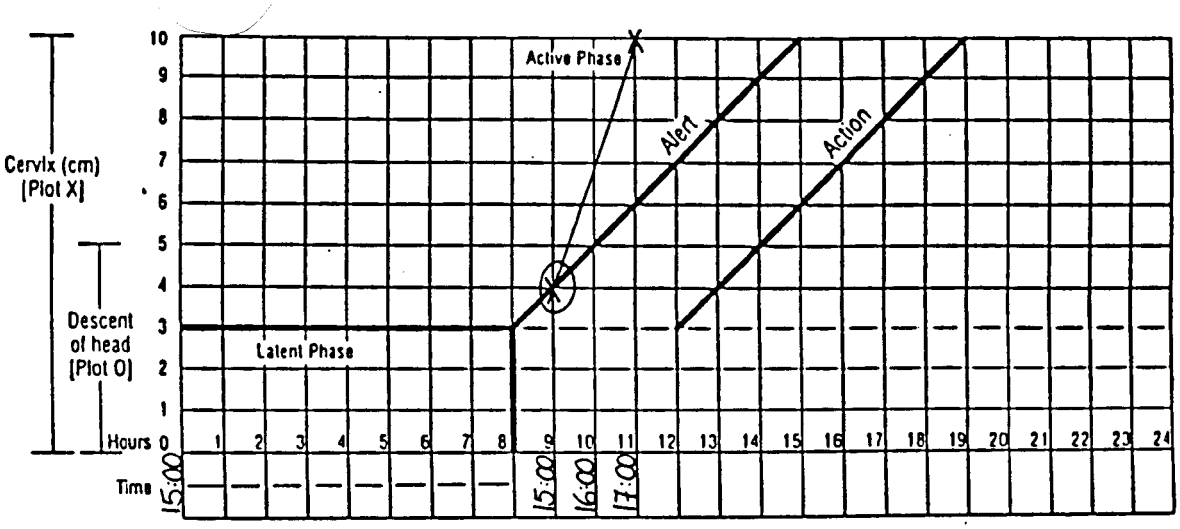
***Circle the time*** of admission and the cervical dilatation on the above partograph.

The woman feels like pushing at 17:00 and a vaginal examination found cervical dilatation at 10 cm. ***Draw a line*** from the first cervical dilatation of 4 to the 10 cm.

Question: How long was the first stage of labor at the maternity?

See the answer on the next page.

**PRACTICE 1: ACTIVE PHASE ADMISSION**
**(ANSWER)**

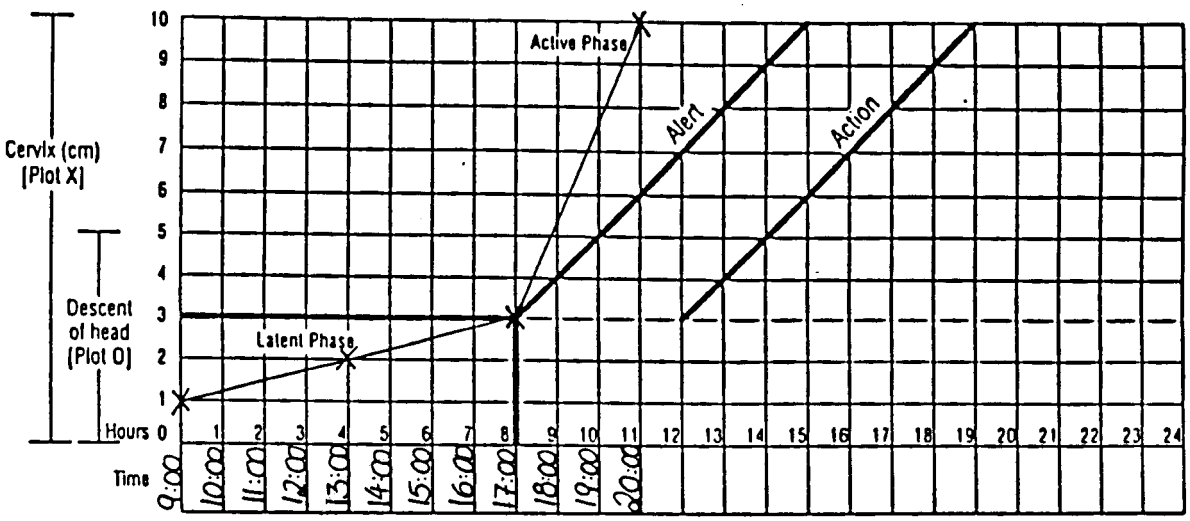



**Answer: The woman was admitted at the maternity at 15:00.**
**She is fully dilated at 17:00; therefore,**
**the first stage of labor at the maternity was 2 hours.**

**PRACTICE 2: LATENT PHASE ADMISSION**

Look at the following graph. This woman is admitted in the latent phase of labor. Admission was at 09:00 and the cervix was 1 cm dilated.

When admission is in the latent phase, dilatation of the cervix is plotted at the time marked zero.




At 13:00 the cervix was 2 cm dilated, at 17:00 the cervix was 3 cm dilated when she entered active phase of labor, at 20:00 the cervix was 10 cm.

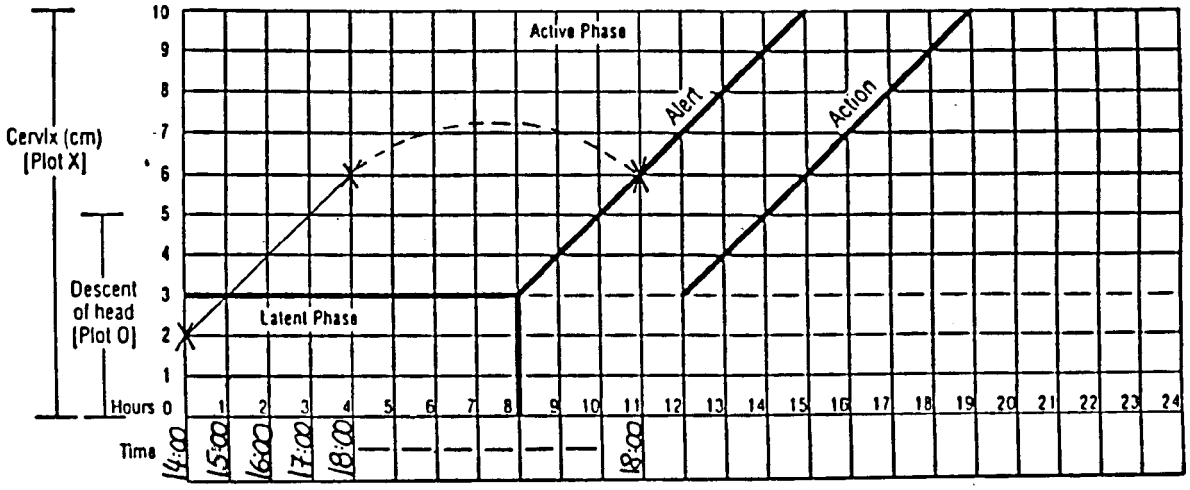
Question 1: How many hours was the latent phase of labor?
Question 2: How many hours was the active phase of labor?

**Answer 1: The woman came to the maternity at 09:00 and entered the active phase of labor at 17:00 , so latent phase of labor was 8 hours.**
**Answer 2: The woman began active phase at 17:00 and was fully dilated at 20:00, so active phase of labor was 3 hours.**

☞ **A normal latent phase may take up to 8 hours.**

## PRACTICE 3A: PLOTTING CERVICAL DILATATION FROM LATENT TO ACTIVE PHASE

Look at the following graph:

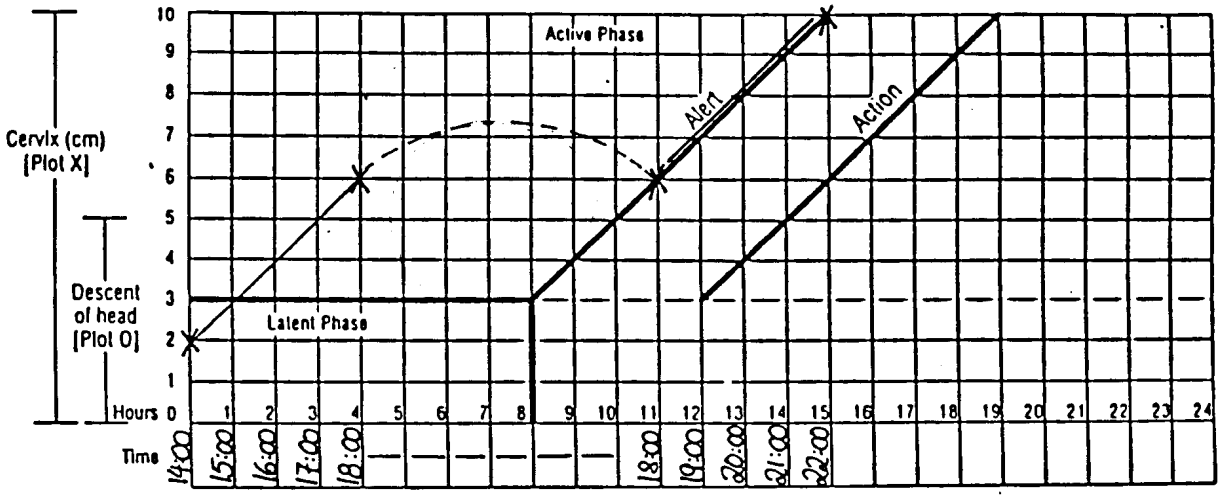



Question 1: What time was admission?
Question 2: What was the cervical dilatation on admission?
Question 3: What was the time of the second vaginal exam?

**Answer 1: Admission time was 14:00**
**Answer 2: Dilatation of the cervix was 2 cm**
**Answer 3: Time of second vaginal exam was 18:00**

**PRACTICE 3B**: **PLOTTING CERVICAL DILATATION FROM LATENT TO ACTIVE PHASE**

At 18:00 the cervical dilatation was 6 cm, which means the woman is now in the ***active phase***. The dilatation is first plotted in the latent phase. Now that we know latent phase is 0-2 cm, we must move the **X** to the active phase. The time and dilatation are moved from latent to active phase. The dilatation is moved first and plotted on the alert line at 6 cm. Then the time (18:00) is plotted just below where the cervical dilatation is plotted. To show that the woman has progressed from latent to active, a broken line is made.




At 22:00 the cervix was 10 cm:

Question 1: How many vaginal examinations were performed?

Question 2: How long was ***first stage*** of labor following admission?

**Answer 1: Three vaginal examinations were performed (14:00, 18:00, 22:00)**

**Answer 2: 8 hours (14:00 to 22:00)**

☞ **When dilatation is 0-2 cm, plotting must be in the latent phase area of the graph, but as labor goes into the active phase, plotting is moved by a broken line to the alert line.**

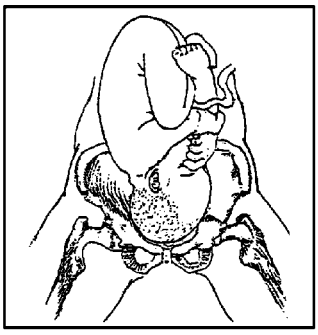
☞ **When labor progresses well, the dilatation does not cross to the right of the alert line.**

## 2. DESCENT OF THE FETAL HEAD

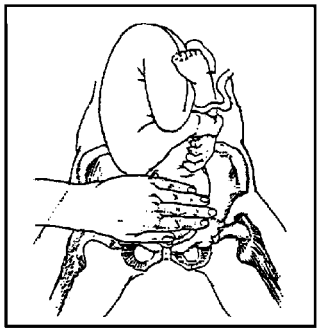
For labor to progress well, the cervix should dilate as the baby's head descends into the mother's pelvis. It is more comfortable for the mother when the midwife feels the descent of the baby's head through the abdomen than through a vaginal examination.

Place your hand on the abdomen over the baby's head. If all five of your fingers can cover the baby's head, we can say the head is 5/5 (five-fifths) above the pelvic brim. The baby's head is not engaged (not in the pelvis). Look at the following illustrations:

Head is movable above the brim = 5/5

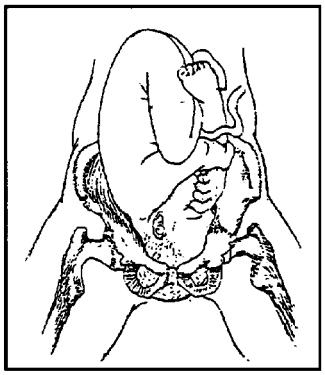


Head accommodates full width of 5 fingers above the brim

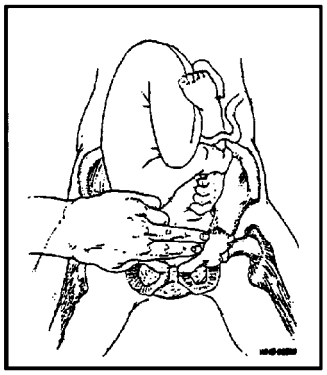


It is generally accepted that the head is engaged when only two fingers can cover the baby's head (2/5 or less). Look at the following:

Head is engaged = 2/5



Head accommodates 2 fingers above the brim

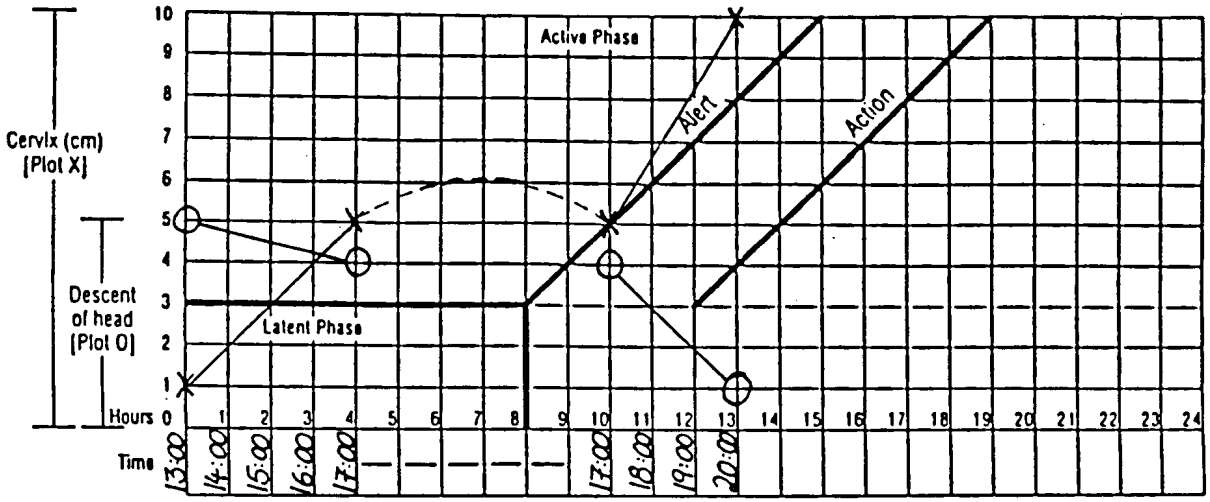


Source: Partograph User's Manual Part II, WHO/FHE/MSM/93.9.

☞ **Descent of the head is measured every four hours in latent phase, every hour in active phase and immediately before doing a vaginal exam.**

On the left side of the graph, near where the dilatation of the cervix is recorded, find the words: **Descent of Head [Plot O].** They are printed on the graph near 0 to 5. Descent is plotted with an "O", because the head is round like an O.

**PRACTICE 4: PLOTTING DESCENT OF THE FETAL HEAD**




On admission at 13:00, the head is five-fifths about the pelvic brim and the cervix is 2 cm dilated. Find this on the above graph.

Question 1: What time was the next vaginal examination done?
Question 2: What is the level of the head?
Question 3: What was the cervical dilatation?

At this time ***labor is in the active phase*.** Cervical dilatation, descent of the head and time recordings are moved to the active phase. Remember that cervical dilatation is moved first to the alert line.

After three hours, the mother feels like pushing, the cervical dilatation is 10 cm and the descent of the head is one-fifth.

Question 4: How long was first stage of labor after admission?

**Answer 1:** **17:00**
**Answer 2:** **4/5 above the brim**
**Answer 3:** **5 cm dilated**
**Answer 4:** **7 hours - from 13:00 to 20:00**

3. UTERINE CONTRACTIONS

Effective uterine contractions are necessary for progress of labor. Normally contractions become more frequent and last longer as labor progresses.

Look to the left side of the partograph below ***Time.*** Find where ***Contractions per 10 mins*** is printed. There are five squares numbered from 1-5. Each square represents one contraction, so that if two contractions are felt in 10 minutes, two squares will be shaded. There is a special way to mark the squares so that you can show how long each contraction lasts. This is explained below and shown in Practice 5:

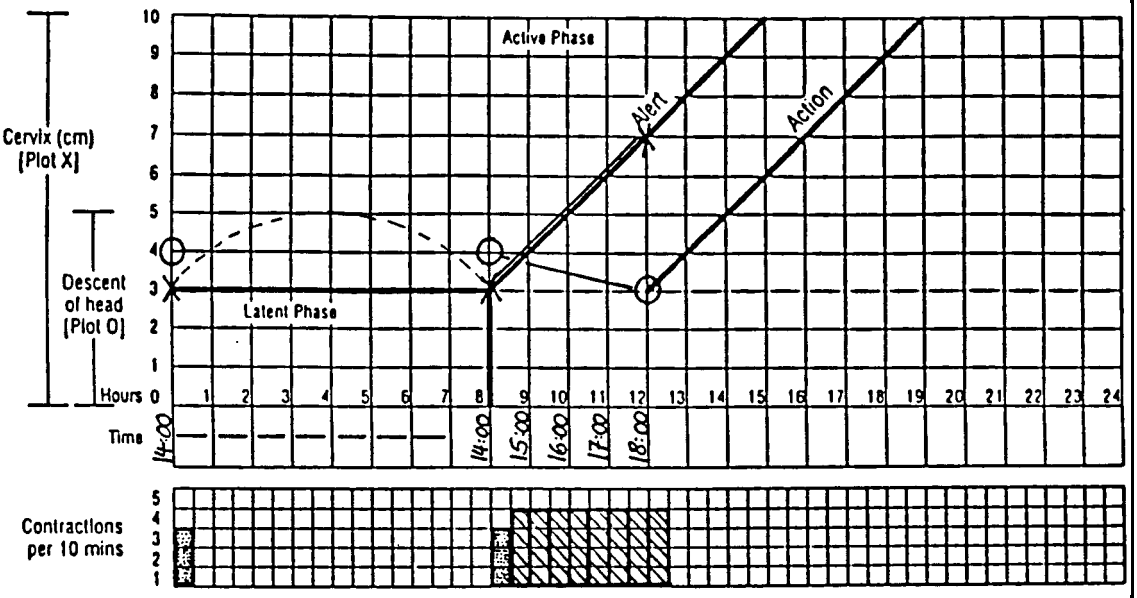
 = Dots are for mild contractions of less than 20 seconds' duration.

 = Diagonal lines indicate moderate contractions of 20 to 40 seconds duration

 = Solid color represents strong contractions of longer than 40 seconds.

.

## PRACTICE 5: CHARTING CONTRACTIONS



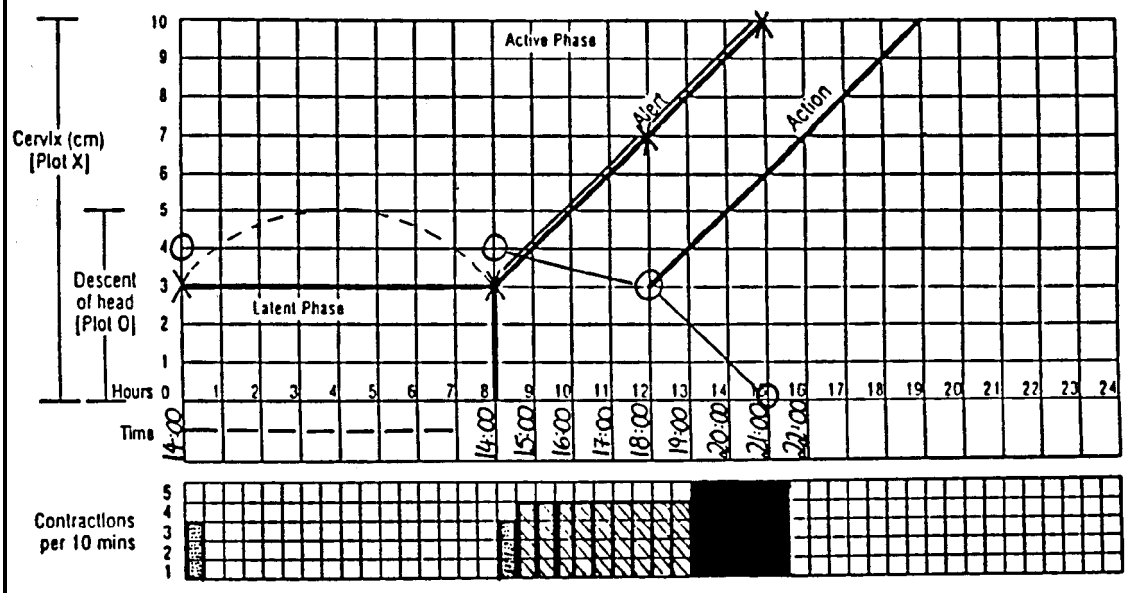

Find the following on this graph:

- The woman was admitted at 14:00, in active phase of labor. The cervix was 3 cm, the head four-fifths above the brim. Contractions were 3 in 10 minutes, each lasting less than 20 seconds.
- At 18:00, cervix was 7 cm, head three-fifths, contractions were 4 in 10 minutes, lasting between 20-40 seconds

**Fill in the following information on the partograph above and see the answer on the next page:**

- At 21:00, the cervix was 10 cm, head no-fifths, the contractions were 5 in 10 minutes, lasting over 40 seconds

**PRACTICE 5: CHARTING CONTRACTIONS**
**(ANSWER)**




☞ **Feel contractions for frequency and duration *FOR 10 MINUTES AT A TIME.* In latent phase, feel contractions every hour. In active phase, feel contractions every 30 minutes.**

## B. FETAL CONDITION

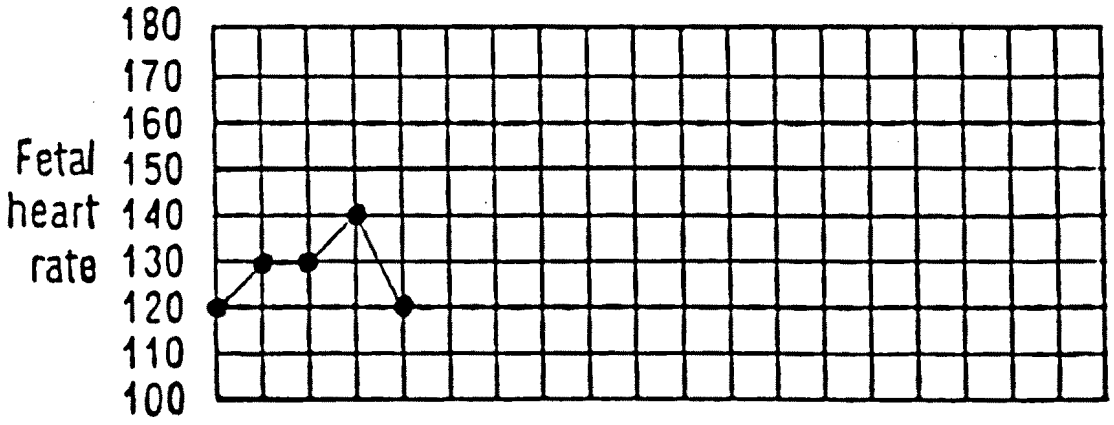
Fetal heart rate, membranes, liquor and molding of the fetal skull bones give information about how the baby is doing during labor. Record this information at the top of the partograph.

### Fetal Heart Rate

A reliable way to know that the baby is well is to listen to and record the fetal heart rate (beat). It should be taken at least every 30 to 60 minutes in the first stage of labor. The normal rate varies between 120 and 160. Record the rate at the top of the partograph with a dot, as shown below.

Look at the partograph below. The fetal heart rate is recorded at 120, 130, 130, 140, and then 120.

**FETAL HEART RATE RECORDING**



**Membranes and Liquor (Amniotic fluid)**

The condition of the liquor after the membranes have ruptured gives you more information about the fetal condition. Normal liquor is clear. Observations are made at each vaginal examination and recorded on the partograph under the section for fetal heart rate at ***Liquor*** as follows:

**SYMBOLS TO RECORD MEMBRANES AND LIQUOR STATUS**

| | | |
|---|---|---|
| C | = | Clear liquor |
| B | = | Bloody liquor |
| M | = | Meconium-stained liquor |
| A | = | Absent liquor |
| I | = | Intact membranes |

☞ **Listen to the fetal heart rate every 15 minutes:**

- **If liquor is green or black meconium stained because this may be a sign of fetal distress**
- **If liquor absent at the time membranes rupture because membranes may have ruptured a long time ago or the baby is overdue**
- **During stage two labor**

**Molding of the Skull Bones**

Molding indicates how well the baby's head is fitting into the mother's pelvis. The amount that the bones of the baby's head slide over each other (overlap) tells you the fit between the baby and the mother's pelvis. If you feel overlapping, the fit is tight. This may be a sign that the baby cannot fit through the mother's pelvis.

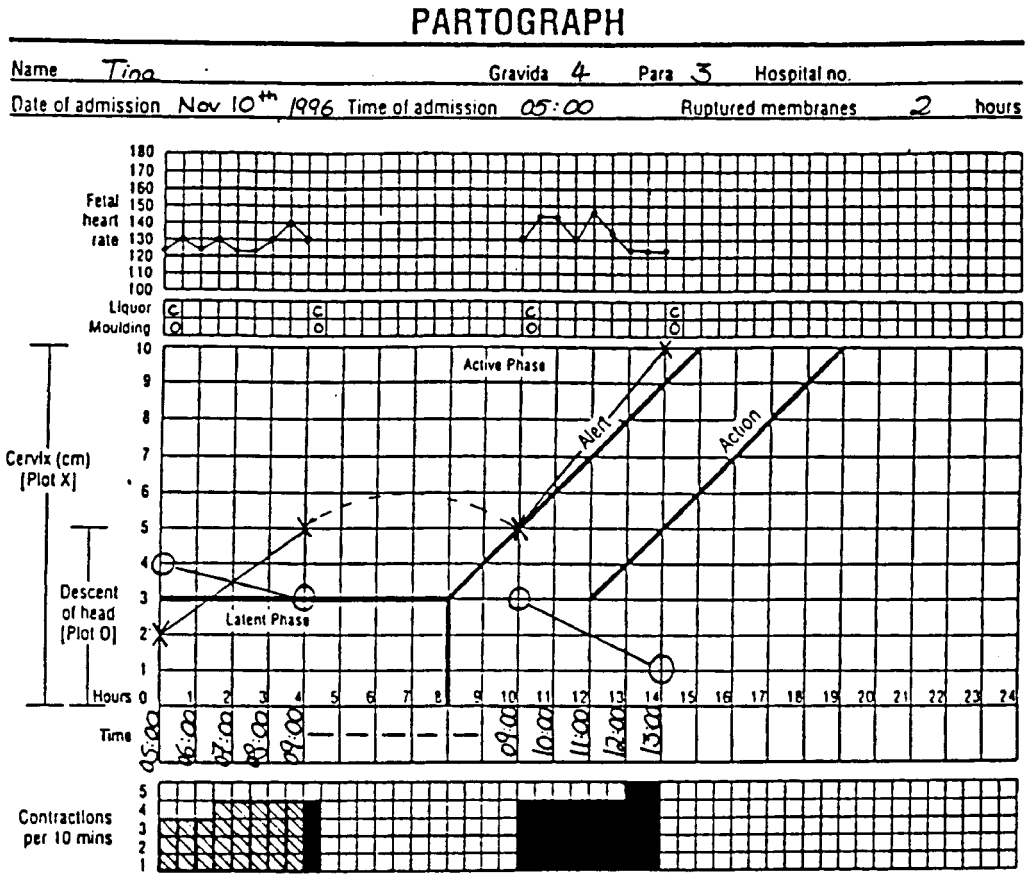
**SYMBOLS TO RECORD MOLDING**

(Record on the partograph under liquor)

| | | |
|---|---|---|
| O | = | Bones are separated, sutures can be felt easily |
| + | = | Bones are just touching |
| ++ | = | Bones are overlapping but can be separated |
| +++ | = | Bones are overlapping but ***can not*** be separated |

## PRACTICE 7: FETAL CONDITION, CONTRACTIONS, LABOR PROGRESS

Look at the partograph on the this page, then answer the questions below.




Question: From the information on the partograph, how will you know that the progress of labor, the contractions and the condition of the baby are normal or not normal?

Progress of Labor:

Contractions:

Condition of the baby :

**Answers:**

**Progress of Labor:** **The alert line is not crossed**

**Contractions:** **The strength and frequency of contractions are appropriate for the stage of labor**

**Condition of the Baby:** **The FHR is in a normal range, the liquor is clear, and there is no molding of the baby's head**

## C. MATERNAL CONDITION

All the recordings for the mother's condition are entered at the bottom of the partograph. Look at the section of partograph below to find the following information and note the frequency for monitoring the mother's condition:

**! Pulse, blood pressure and temperature**

- ⇨ Pulse rate: Every four hours (normal 60 - 90/minute)
- ⇨ Blood pressure: Every four hours (normal 90/60 to 140/90)
- ⇨ Temperature: Every four hours (normal 37.2° C)

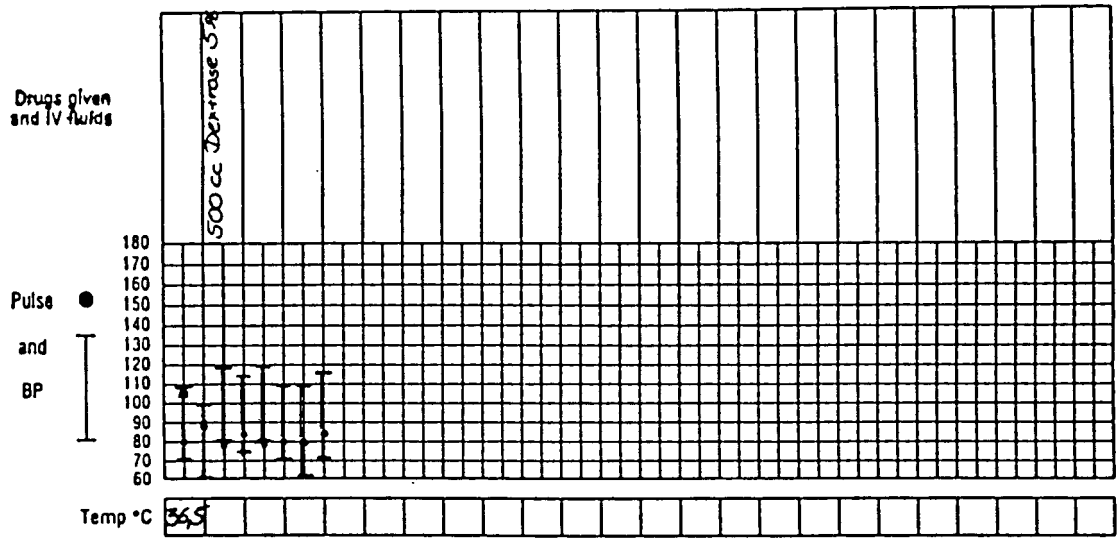
**! Urine protein and volume**

- ⇨ Check for protein: If signs of pregnancy induced hypertension
- ⇨ Measure urine: Encourage passing every two to four hours

**! Drugs and fluids**

- ⇨ Oral fluids: Offer hourly
- ⇨ IV fluids: As indicated
- ⇨ Drugs: As indicated

**EXAMPLE 1: MOTHER'S CONDITION**



## D. RECORDING OF OBSERVATION AND ACTION

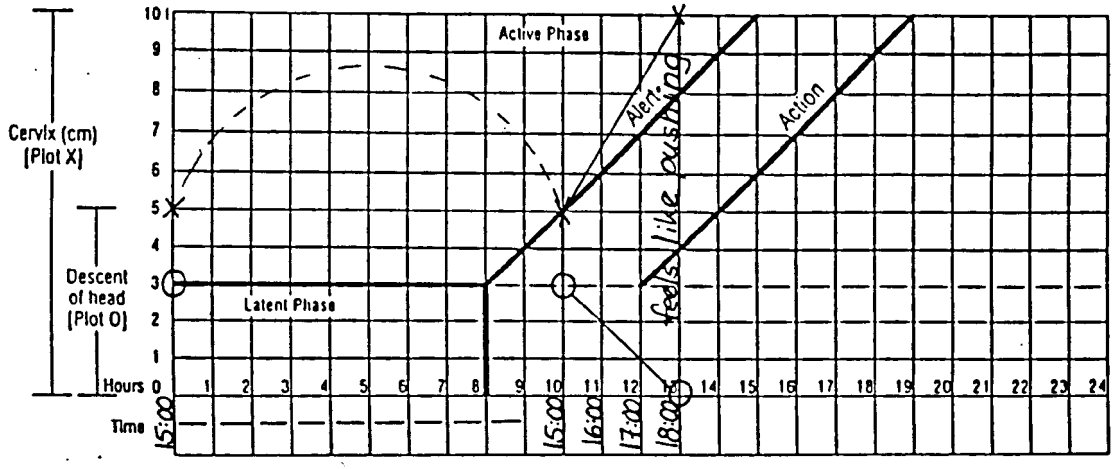
When caring for a mother in labor, you will use the Partograph Guidelines (refer to *Guide For Caregivers*) to make decisions about how best to help the mother and baby. Write observations and decisions on the cervical graph along the time line it occurs. Observations and decisions may include:

- Feels like pushing
- Doctor called
- Refer
- Artificial or spontaneous rupture of membranes
- Mother tired - infusion started
- Delivery Time

### EXAMPLE 2: RECORDING OF OBSERVATION

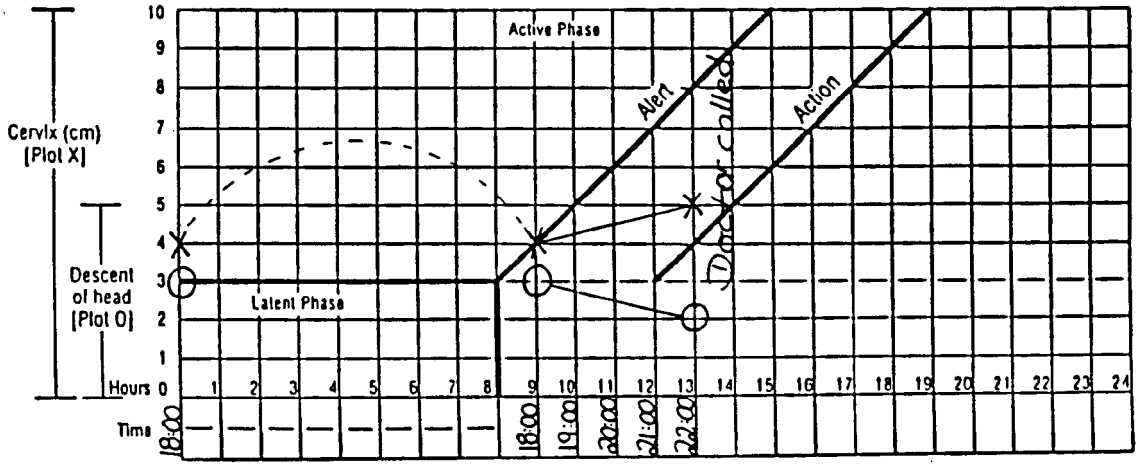
Here are some examples:

If a mother ***feels like pushing*** and the midwife does a vaginal examination before it is time for the next exam, record like this:



## EXAMPLE 3: RECORDING OF ACTION

A mother was checked at 18:00 and her cervix was 4 cm. Four hours later she was checked again and her cervix was 5 cm. The midwife ***called the doctor*** at that time:



## E. BACK OF PARTOGRAPH

### Labor Care

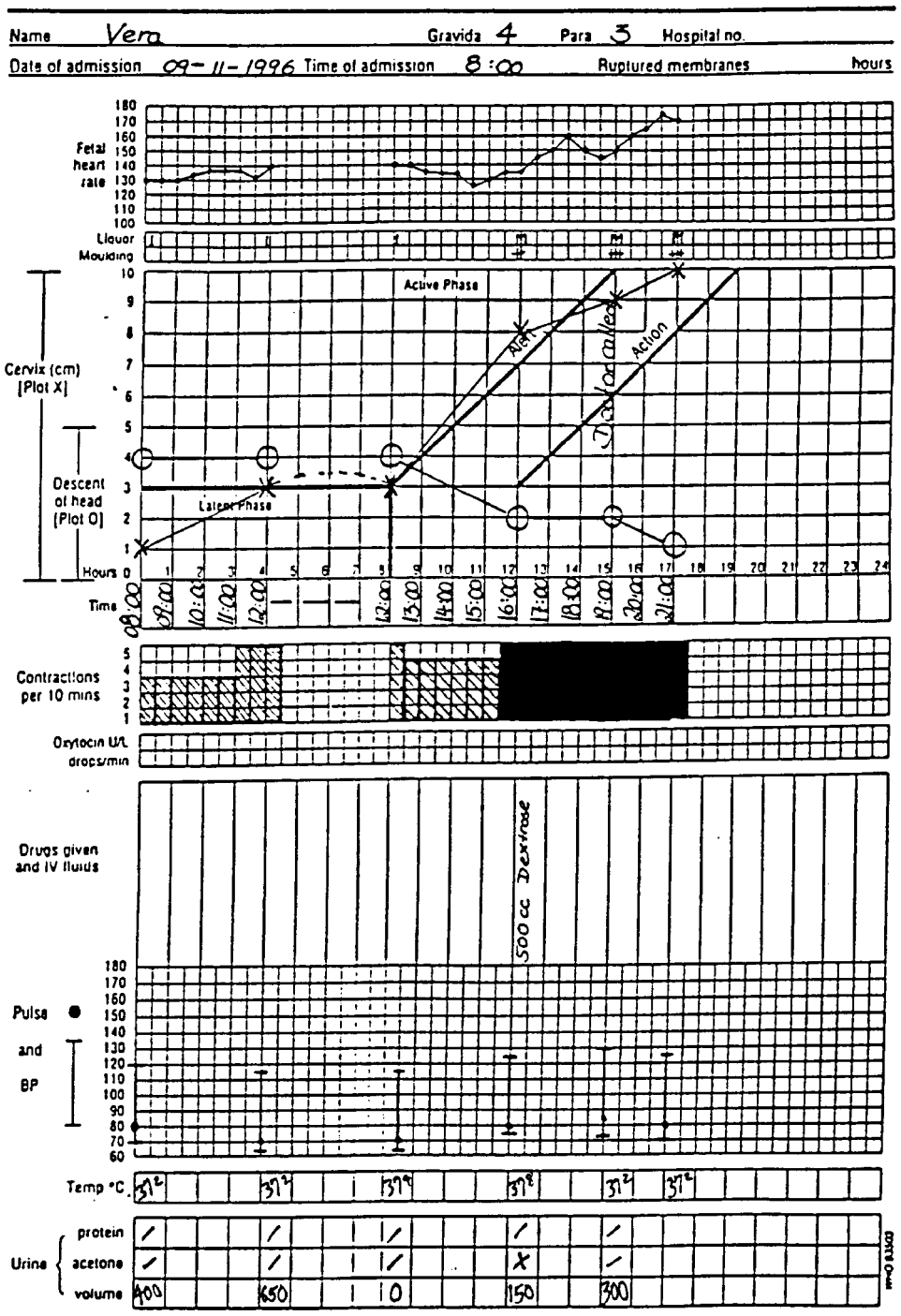
On the back of the partograph, there is space for additional information about your care or observations during a mother's labor. Here you can record when giving mother oral fluids or food to eat, when she is up walking or takes a shower, and so on. Write any information about what is happening during the labor that you do ***not*** record on the front side of the partograph.

**EXAMPLE 4: CARE AND OBSERVATIONS DURING LABOR**
**(Notes for First and Second Stages of Labor)**

LABOR NOTES:

| | |
|---|---|
| 3:15 PM | Showered x 15 minutes |
| 4:00 PM | Walked x 30 minutes, then rested on left side for 30 minutes. Working well with contractions. |
| 5:00 PM | Ate light meal. |
| 5:30 PM | Feeling more tired, not relaxing as well with her contractions and requiring more support. |

## EXAMPLE 5: COMPLETED PARTOGRAPH



***POINTS TO REMEMBER***

Time of admission is ***0 TIME,*** when the woman comes in the latent phase of labor

Latent phase of labor should be ***NO LONGER THAN 8 HOURS***

When the active phase of labor begins, **ALL RECORDINGS** are transferred by a dotted line, plotting the cervical dilatation first ***ON THE ALERT LINE***

If a woman comes in the active phase of labor, recording of cervical dilatation starts ***ON THE ALERT LINE***

Progress in active phase labor should be ***AT LEAST 1 CM PER HOUR***

When progress of labor is normal, plotting of the cervical dilatation remains ***ON*** the alert line or ***TO THE LEFT OF IT***

Record important observations and actions on the cervical graph

**WHAT DID I LEARN?**
Answer the following questions:

1. Ibu Tina comes to you in labor on September 30 at 9:00. She is having two contractions every 10 minutes that last over 20 seconds. What are the 12 questions that you would want to ask Ibu Tina?

   1)

   2)

   3)

   4)

   5)

   6)

   7)

   8)

   9)

   10)

   11)

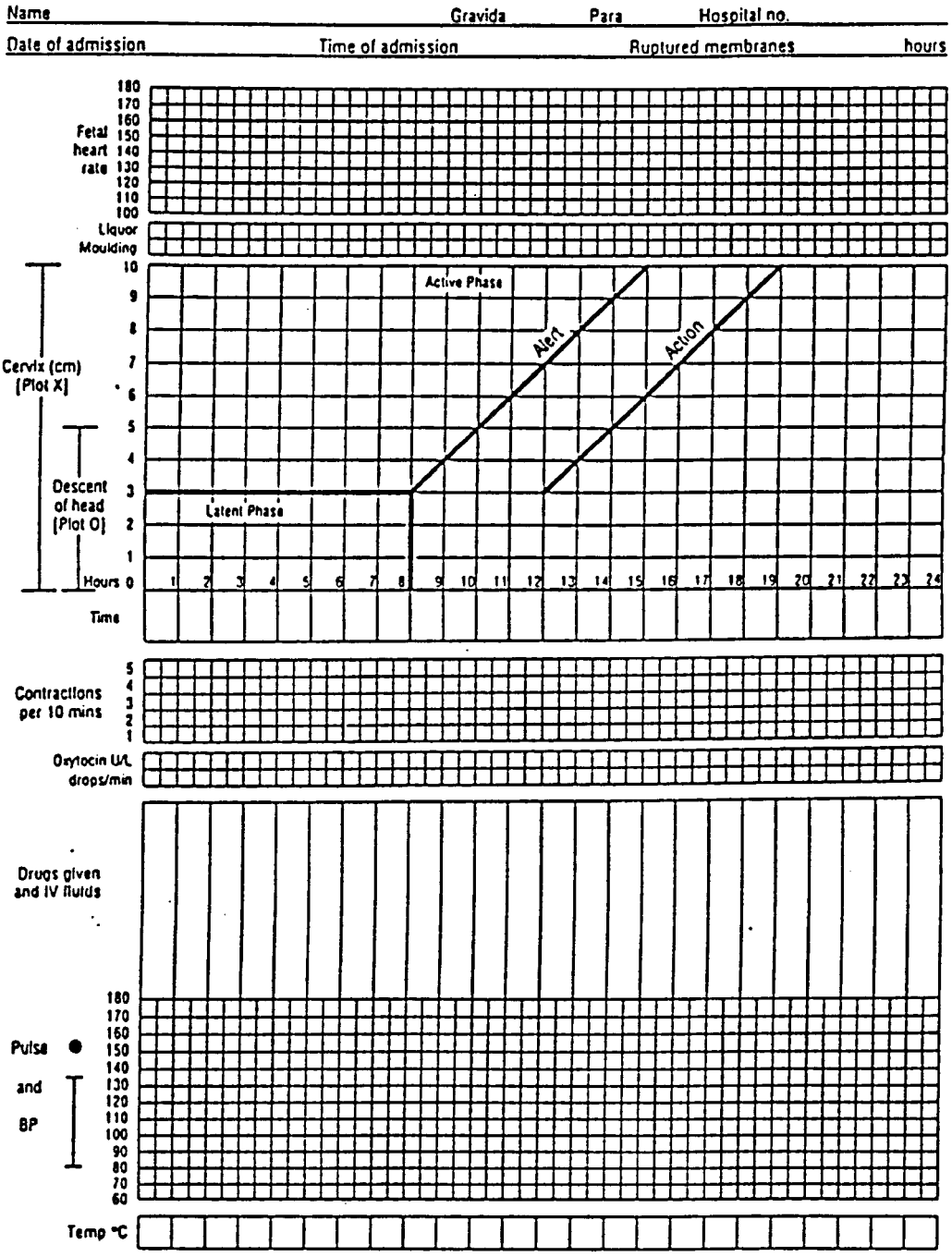
   12)

2. Latent phase of labor should not last longer than_____.

3. When you examine Ibu Tina, you find that she is 1 cm dilated, membranes are intact and the head is at 5/5. Here blood pressure is 120/75, pulse is 72, and temperature is 36.8C. The fetal heart rate is 120. Record this information on the partograph on the next page.

4. What care would you provide to Ibu Tina at this time?

## PARTOGRAPH TO BE COMPLETED (FRONT PAGE)



5. a. Four hours later, Ibu Tina is 5 cm dilated, the head is at 3/5. Record this information on the partograph (previous page).

   b. What care would you provide for Ibu Tina at this time?

6. a. One hour after her last vaginal examination, Ibu Tina's waters break. The fluid is clear. What care would you provide for her at this time?

   b. Record your observations and decisions on the partograph on the previous page.

7. During Ibu Tina's labor what information do you need and how often do you need to get it as you monitor:

   a. The baby?

   b. Ibu Tina?

   c. The progress of labor?

**Look up and compare your responses with the information in the Topic.**

**Review any information you do not clearly understand.**

**Practice skills using the skill checklists located in *Guide For Caregivers*.**

**Perform skills with co-worker observation and feedback, using the skill checklists for *Admission in Labor* and *Monitor Labor Progress Using the Partograph.***

**If you do not have a co-worker, then perform the skills on the checklist and check yourself. Repeat this five times and make note of your improvement.**

# TOPIC 5
# CARE IN SECOND AND THIRD STAGES OF LABOR

## INTRODUCTION

This topic includes care of the mother during the delivery of the baby and the placenta, and care of the baby at the time of delivery. More information about the care of the mother and the baby after delivery is given in Topic 6 - Postpartum Care.

When the cervix is fully dilated, the uterus contracts and the woman bears down, pushing the baby out of the uterus. The baby is pushed down through the birth canal (vagina) to be born (second stage of labor). Usually, within a few minutes, the placenta separates and delivers (third stage of labor).

You will care for the mother during second and third stages of labor to make the birth as safe as possible. It is important to continue to ***ASK*** **and** ***LISTEN*** and to ***LOOK*** **and** ***FEEL*** so that you provide the best care for the mother and baby as the mother's labor continues.

Write your observations and actions during the delivery of the baby and the placenta on the back of the partograph. You and others can use this information when providing care to the new mother and baby in the postpartum period. A list of equipment used to conduct a normal delivery and to deliver the placenta is included.

After reading this topic look at the skill checklists in *Guide For Caregivers* :

1) ***Provide Care to Mother and Baby During Second Stage of Labor***
2) ***Care of the Mother During Third Stage of Labor***

These will provide a clear, step by step outline of what the midwife needs to do during these stages of labor.

## HEALTHY MOTHER & HEALTHY NEWBORN CARE

### OBJECTIVES

By the end of this topic you will be able to:

1. Give care to a mother during second and third stages of labor, including:

    - ⇨ Confirm the beginning of second stage of labor
    - ⇨ Coach and encourage mother to push in a good pushing position
    - ⇨ Encourage hydration, an empty bladder, and rest between contractions
    - ⇨ Help the mother get into the best delivery position

2. Show how to prevent infection and protect the perineum from injury during second and third stage of labor

3. Give care to a baby at birth, including:

    - ⇨ Check for cord around the neck
    - ⇨ Clear the airway
    - ⇨ Dry and keep the baby warm - avoid drafts
    - ⇨ Cut the umbilical cord
    - ⇨ Assess the condition of the newborn using Apgar score
    - ⇨ Encourage bonding with mother

4. Deliver and inspect the placenta

5. Identify problems early in second and third stages of labor, and manage them according to the Partograph Guidelines in *Guide for Caregivers*.

**WHAT DO I ALREADY KNOW?**

Answer the following questions:

1. Why should Ibu Mary not start pushing until her cervix is completely open?

2. How often should you monitor this information during second stage of labor?

   Fetal heart rate

   Mother's blood pressure

   Mother's pulse

   Mother's bladder

3. What are good positions for Ibu Mary to use for pushing and delivery? Describe the advantage of each position.

4. How will you care for Ibu Mary's baby once the head is delivered?

5. After Ibu Mary has delivered her baby, what signs will you look for to find out if the placenta has separated?

6. What care will you give to Ibu Mary after the placenta has delivered?

**EXERCISE 5-1**
**PROVIDE CARE DURING SECOND STAGE OF LABOR**
**(HELP MAKE THE BIRTH SAFER AND EASIER)**

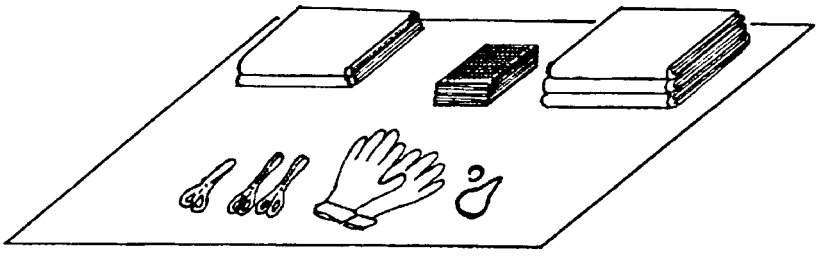
Giving birth is a natural part of life and most women can give birth without any assistance. It does involve powerful, sometimes painful, uterine contractions and much stretching of the mother's soft tissues.

Birth can be frightening to some women. Fear, tension, and anxiety may all slow the birth process. As the midwife, you should give emotional support and loving care. You also watch over the mother's safety, ready to help as necessary. The baby is usually pushed out gradually. The process takes up to 30 minutes for a multipara and an hour for a primipara. Sometimes though, the multipara woman can deliver her baby in a few minutes after she becomes fully dilated. To help a mother in second stage of labor:

**1. MAKE SURE EVERYTHING IS CLEAN AND READY FOR THE BIRTH**

a. Prepare ***equipment*** and the ***environment.***

When the birth is near, lay out your equipment in a clean place where it will be easy to reach. It is best to use a warm room with no drafts.



☞ **To protect the mother's safety, cleanliness is important. The cervix is open, and germs entering the vagina can cause serious infection. See Topic 2, PREVENT INFECTION.**

The following is a list of ***equipment / supplies*** that are helpful in giving care to women in second and third stages of labor. If available, they will help you with your work. If some of the equipment/supplies are not available, you can still give good care during second and third stages of labor. Make sure that everything is clean and disinfected so that it is ready to give care.

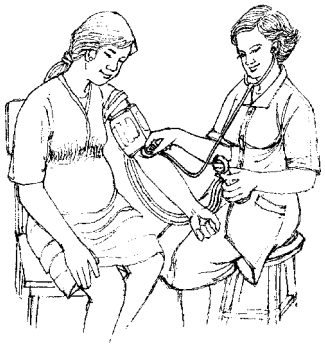
**SECOND AND THIRD STAGES OF LABOR**
**EQUIPMENT AND SUPPLIES**

1. Blood pressure apparatus
2. Stethoscope
3. Fetal stethoscope (Pinard)
4. Watch with second hand or other time piece
5. Thermometer
6. Soap and water
7. Disinfecting solution
8. Cup and liquids for the mother
9. Pillows or a support so mother can use different positions
10. Partograph
11. Delivery record, birth certificate
12. Oxytocic and syringes
13. Two towels to dry and wrap the baby
14. Cotton gauze, lap sponge
15. Delivery set: protective apron and shoes for midwife, 2 clamps for cord, umbilical ties, scissors for cord, suction bulb and DeLee for baby, urinary catheter, gloves

b. Explain to the mother what will happen during the second stage of labor. Describe what you will be doing. Tell her that you want her to concentrate on what you are saying. You will work with her and coach her, especially helping her to know when to push and when to ***blow*** hard with short, fast, hard breaths. (If you provided her antenatal care, she has learned about the special breathing. If she does not know it, demonstrate the way you will ask her to breathe.)

## 2. CHECK THE MOTHER AND BABY AND RECORD FINDINGS ON THE PARTOGRAPH

a. Check the mother's ***pulse and blood pressure*** every 30 minutes during second stage.



Taking the blood pressure

b. Check the baby's ***heart beat*** every 15 minutes during second stage and more frequently if possible as the delivery becomes closer.

Listening to the baby's heart beat

☞ **If the baby's heart rate is below 120 or above 160, help the mother to change her position and to deliver as soon as possible. Always check for a umbilical cord around the baby's neck when the head delivers.**

c. Encourage the mother to ***urinate often***, even more often than in first stage.

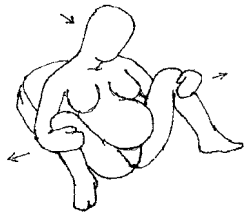
d. Continue ***giving liquids*** to the mother to prevent her from becoming exhausted.

## 3. PUSHING

When the cervix is fully dilated and the baby's head begins to move down into the birth canal, the woman will usually feel like pushing.

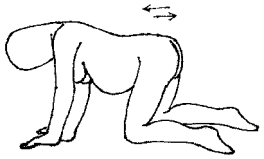
a. ***Help the mother get in a good pushing position***. These positions have special benefits:

**Sitting or half sitting**
and makes it easier for the midwife to guide the birth of the baby's head and observe the perineum.



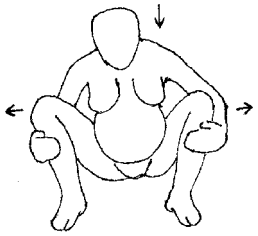
Half-sitting

**Hands-and-knees**
Good when the woman feels her labor in her back. It can also help when the baby is having trouble rotating.



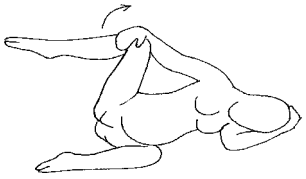
Hands-and-knees

**Squatting or standing**
birth is slow or the mother does not feel like pushing.



Squatting

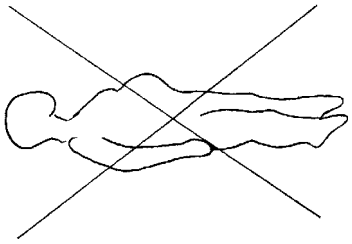
**Lying on the left side**
This position is relaxing and may help the mother not to push when she feels like pushing before she is fully dilated.



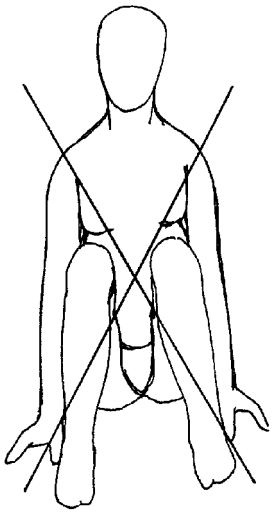
Lying on the left side

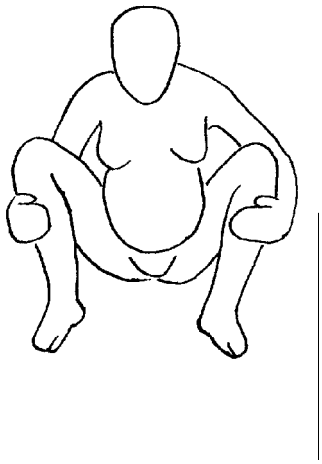
☞ **If possible, let the mother choose her own position.**

It is usually ***not good for the mother to lie flat on her back*** during a normal birth. It can squeeze the blood vessels that bring blood to the baby and the mother so they get less blood and oxygen. Also, it is much harder for the mother to push when she is lying flat on her back.



b. ***Help the mother push effectively (correctly)***. Encourage the mother to keep her mouth and legs relaxed and open, her chin down on her chest, and her bottom down during pushes.





! ***IF THE MOTHER IS TIGHTENING HER BOTTOM OR HAVING TROUBLE PUSHING CORRECTLY, THESE THINGS MAY HELP:***

- Ask the mother to change position
- Ask the mother to push with her mouth open, and her jaw loose and forward
- Press gently in the vagina or on her perineum with your gloved fingers, while asking her to push toward your fingers

! ***If the mother wants to push, but her cervix is not completely open***

Sometimes, if the baby's head is well-engaged, the mother will have the urge to push before she is fully dilated. It is better to try to help her not to push until she is fully dilated. This is sometimes very difficult for the woman to do. You will need to help her by asking her to blow short, quick breaths out.

! ***If the mother does not want to push, but her cervix is open completely***

Occasionally, the cervix will be fully dilated, but the mother will not have the urge to push because the baby's head has not begun to enter the birth canal. She may get the urge to push within the next few contractions. In these cases, wait without pushing for a few contractions to see if the mother gets the urge to push. Usually, she will. If she does not, then you will need to help her change positions and show her how to push.

c. **Support the mother's pushing.** If a mother has difficulty pushing hard or correctly, do not scold or threaten her. Try to explain how to push correctly. Try another position. Encourage her again and again to push hard. ***Praise her for trying***. You can encourage her by telling her when you see any bulging. Tell her that the baby is coming down. When you see the head, let the mother touch it. This may encourage her.

☞ ***DO NOT*** **push on the mother's abdomen to help push the baby. This hurts the mother very much and may rupture the uterus. It will not help deliver the baby.**

### 4. TRY TO DECIDE THE PROGRESS OF PUSHING

When you try to decide the speed of the birth, you must use your experience to judge how fast the baby's head will move through the birth canal. It is important to be aware if the head is moving too quickly or too slowly.

☞ **If the head is moving quickly, then you need to prepare for the delivery. The mother may also become frightened because the delivery is happening so fast. She will need lots of support!!**

If the baby is moving too slowly or is not moving down, check for the possible cause and ***TAKE ACTION*** as noted on next page:

## IF THE BABY IS MOVING TOO SLOWLY OR IS NOT MOVING DOWN

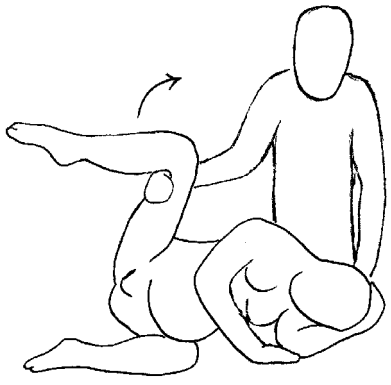
| POSSIBLE CAUSE | TAKE ACTION |
|---|---|
| ! Is the bladder too full? | Help the mother to urinate |
| ! Is the cervix completely open? | Recheck the cervix. If it is not open, the mother should stop pushing and you should manage the labor according to First Stage Partograph Guidelines |
| ! Is the mother pushing effectively? | See page 161. |
| ! Is the mother afraid, upset, or tense? | Help the mother by talking with her to ease her fears or help solve the problem. You can also give her a massage or apply a cloth to her body (cool or warm, whichever the mother wants). |
| ! Does the mother need to change position? | Help the mother to try a standing or squatting position for pushing |
| ! Are the contractions becoming weaker and farther apart because the mother is exhausted or dehydrated? | Give the mother fluids (to drink or by IV if needed). Encourage the mother to relax between contractions. If contractions become weaker and farther apart, refer the mother to the hospital |
| ! Is the baby not able to fit through the mother's pelvic bones? | Refer the mother to the hospital. |
| ! Is the baby in a difficult or impossible birth position? | If the baby is in a posterior position (baby is lying facing toward the front of the mother's body), help the mother to push in hands-and-knees or squatting position. If the baby is in a face or forehead first position, refer the mother to the hospital. |

☞ **If there is no sign of the head moving down after 30 minutes of effective pushing for a multipara, or 1 hour for a primipara, and you have considered everything mentioned in the above box, *REFER TO HOSPITAL.* Encourage the mother to stop pushing and get in a position with her hips up (like knee chest) to take pressure off the baby**.

**5. WHEN THE BABY'S HEAD IS ABOUT TO CROWN, HELP THE MOTHER GET IN A GOOD BIRTHING POSITION**

The four pushing positions are also good birthing positions:

- ✓ **Half-sitting**
- ✓ **Hands-and-knees**
- ✓ **Squatting**
- ✓ **Lying on the left side**



Lying on the left side

☞ **If she chooses to lie on her left side, make sure there is someone to help hold up her upper leg.**

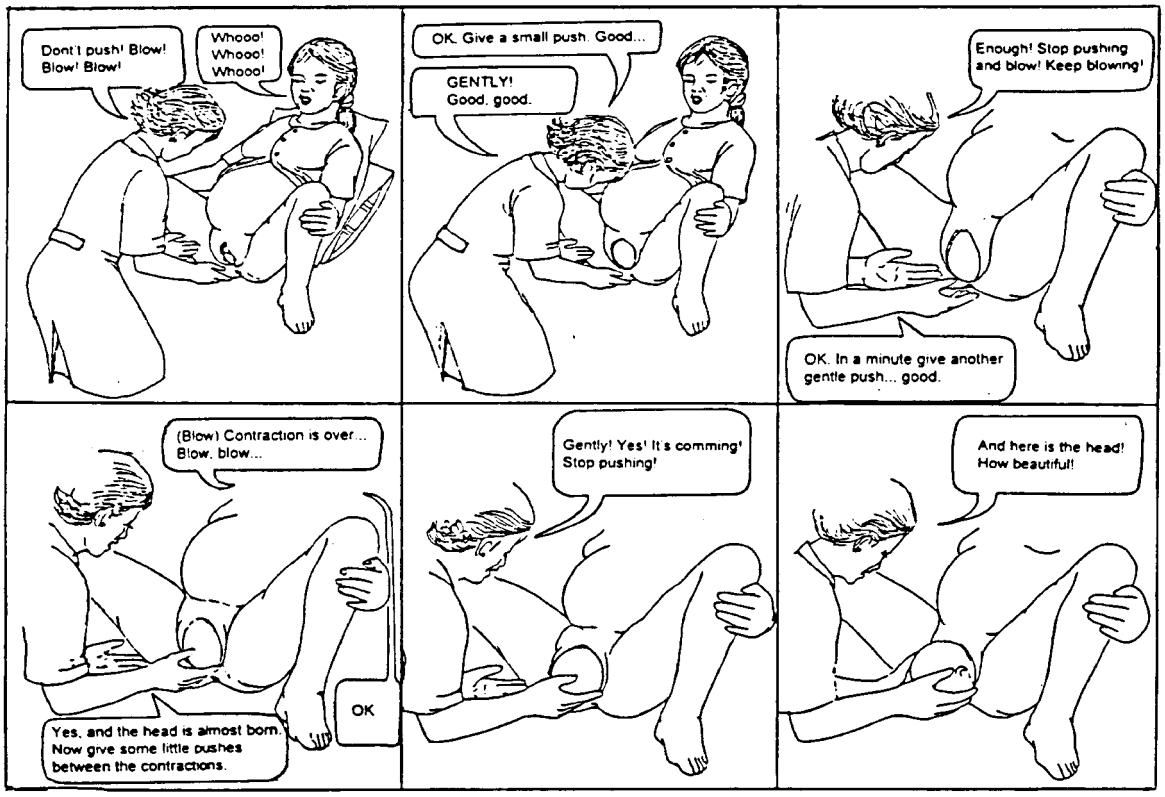
## 6. HELP PREVENT TEARS AROUND THE VAGINAL OPENING

As the baby's head crowns, the midwife should try to prevent the mother's tissues from tearing. At this time the mother's feeling to push with a contraction can be very strong and she will want to push the baby out quickly. But ***if the head is born slowly***, the mother's skin has more time to stretch and is less likely to tear.

You many need to coach the mother so the baby's head can be born slowly. To do this, watch the progress of the baby's descent while the mother pushes and advise her:

- **!** If the baby is coming slowly she should push with each contraction.
- **!** If the baby is coming very fast, ask her to stop pushing with a contraction and blow. ***To keep from pushing, the mother should blow with short fast hard breaths***. Advise her by saying to her **"*Blow, blow, blow -- don't push -- blow, blow, blow*"**. After the contraction is finished, ask her to give a small push. Each time, a little more of the head will come out.

Keep the baby's head flexed. After the widest part of the head comes out, the rest of the head may come out without any pushing at all.



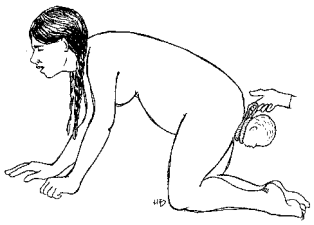

☞ **During antenatal care in the third trimester, teach the mother how to stop pushing and to review it again during labor.**

## 7. CHECK FOR CORD AROUND THE BABY'S NECK ONCE THE HEAD IS DELIVERED

Again ask the mother **not to push.** Ask her to blow so ***she does not push.***

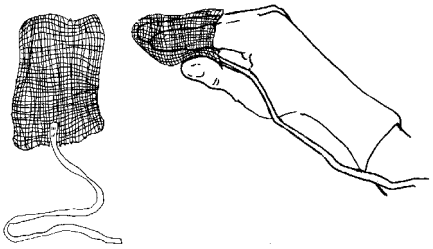
***Feel for a cord around the baby's neck.*** If you see or feel a cord, usually you can gently loosen the cord and slip it over the baby's head or shoulder as it is born.

If the cord is very tight, clamp it in two places and cut the cord, protecting the baby's neck with your hand. Then proceed quickly with the next steps.



## 8. WIPE THE BABY'S FACE

the amniotic fluid, it is especially important to suction out the mouth, nose, and pharynx, using a *DeLee,* as completely as possible. This needs to be done ***before the baby's chest has delivered*** and the baby has taken its first breath.

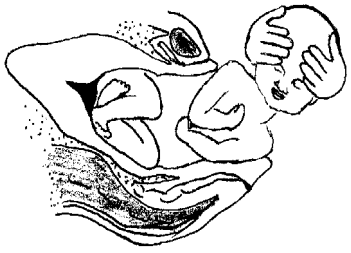


☞ **If suctioning is needed, remember to suction a baby's mouth first -- then its nose.**

## 9. DELIVER THE BABY'S SHOULDERS

After wiping the baby's face, ask the mother to give a gentle push. To prevent tearing of the mother, it is best to deliver one shoulder at a time.

1. To deliver the upper (anterior) shoulder, gently move the baby's head toward the mother's tailbone



2. To deliver the lower (posterior) shoulder, gently move the baby's head toward the mother's belly

Adaption from Harry Oxorn, BA, MD, CM, FRCS(C). Oxorn-Foote Human Labor and Birth: Fifth Edition Appleton & Lange, 1986.

☞ **Do not bend the *baby's neck* too much or too hard and do not pull on the *baby's head* too much or too hard.**

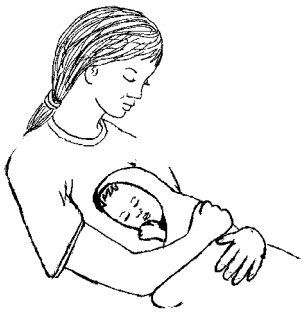
**10. DELIVER THE BABY'S BODY AND HAND THE BABY TO THE MOTHER**

After the shoulders are born, the rest of the body usually slides out easily. Remember that new babies are wet and slippery. Put the baby on the mother's stomach so she can see and touch her baby. If the baby is having problems breathing because there is extra mucus in the mouth, suction again.

***Dry the baby off with a cloth, including the head and eyes*.** This will stimulate the baby to breath and also prevent the baby from getting cold.

Keep the baby on the mother's abdomen, covering it with another dry cloth for warmth. You can also watch the baby while it is lying on the mother. Most babies are fine, but some need a little help getting started. Treat the new baby gently. Birth is difficult for a baby too. Soon the baby will start to look for the mother's nipple to breast feed.

☞ **If the baby needs resuscitation, cut the cord immediately.**
***SEE RESUSCITATION IN GUIDE FOR CAREGIVERS.***



**11. GIVE BABY APGAR SCORE**

***LOOK* and *FEEL*** the baby for breathing, heartbeat, color, activity (muscle tone), and reflexes (cry). Give the baby an Apgar score based on your observations at 1 and 5 minutes of age by using the following chart to score. The Apgar score is an important indicator of the baby's condition at birth.

| RATING | 0 | 1 | 2 |
|---|---|---|---|
| BREATHING | Absent | Irregular | Regular |
| HEARTBEAT | Absent | <100 | >100 |
| COLOR | Blue or Pale | Body pink , extremities blue | Pink |
| ACTIVITY (Muscle Tone) | Absent | Some Flexion | Flexion |
| REFLEXES (Cry) | Absent | Weak or Delayed | Strong |

## 12. CARE FOR UMBILICAL CORD TO PREVENT BLOOD SPLASHING

Wait until the cord stops pulsating before you cut it, unless the baby needs to be resuscitated (Apgar score at one minute less than 6). Then cut the cord using the following method to prevent blood splashing:

- Put first clamp on closest to the baby
- Milk cord toward the placenta
- Put second clamp on closer to the placenta
- Cut the cord between the 2 clamps

## 13. ENCOURAGE AND HELP THE MOTHER TO BREAST FEED

Wrap the baby and let the mother hold it. If the baby is interested to breast feed, encourage the mother to give her breast. Nipple stimulation, either by the baby or manually, will help stimulate uterine contractions and may help the placenta to separate. Sucking the breast begins the bonding process between mother and baby.

**STEPS TO DELIVER A NORMAL NEWBORN**
**ALWAYS:**

1. Check for the cord around the neck
2. Wipe the baby's face, suction if needed
3. Deliver baby's shoulders and body
4. Put baby on mother's abdomen
5. Dry the baby with a cloth. Remember to dry off face and eyes. Use a second cloth to cover and keep baby warm.
6. Give Apgar score
7. Cut cord
8. Encourage and help mother to breast feed

**WRITE RESPONSES TO THE FOLLOWING**:

1. Describe the care you would give to Ibu Tina in the second stage of labor:

2. Ibu Tina is using the half-sitting position for pushing. She is not making any progress after pushing for 20 minutes. What are 3 things that you can do to help Ibu Tina push better?

   1)

   2)

   3)

3. What can you do to help prevent tears around the vaginal opening?

4. Ibu Tina's baby is born. At one minute after birth, the baby is moving and breathing. The heart rate is 128. The baby is not crying and the color is blue.

   What Apgar score will you give?

   Breathing _____
   Heart rate _____
   Color _____
   Activity _____
   Reflexes _____

   TOTAL = _____

   What care will you provide for Ibu Tina's baby at this time?

   At 5 minutes after birth, the baby is now crying loudly with a pink body. The hands and feet are still blue. The heart rate is 130, and the baby is grabbing at the blanket. What Apgar score would you give?

   Breathing _____
   Heart rate _____
   Color _____
   Activity _____
   Reflexes _____

   TOTAL = _____

**Compare your responses to the information in Exercise 5-1**

## EXERCISE 5-2
## CARE OF THE MOTHER
## DURING THIRD STAGE OF LABOR

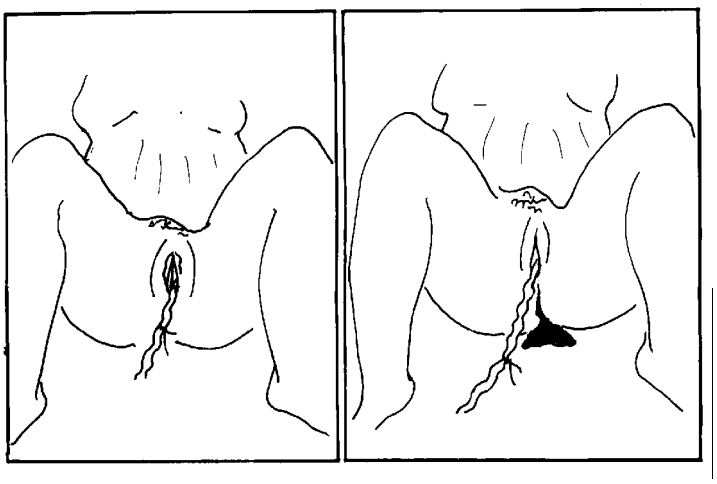
As the baby is born, and the uterus is emptied, contractions continue and the uterus becomes smaller. These contractions also cause the placenta to separate from the uterine wall. Some of the small uterine blood vessels tear as the placenta pulls away, so bleeding is present until the uterus is completely emptied and can contract fully. Try to deliver the placenta as soon as it separates to prevent too much blood loss.

☞ **The major causes of hemorrhage in the first hours after birth are poor contraction of the uterus (*UTERINE ATONY*) and pieces of the placenta or membranes left in the uterus (*RETAINED PRODUCTS OF CONCEPTION* ).**

### 1. PLACENTAL SEPARATION

You can do several things to prepare yourself and the mother while you are waiting for the placenta to separate. Talk with the mother to see how she is feeling and whether another position would be more comfortable. Be sure to explain what will happen during this stage of labor and what you will be doing. If the mother's bladder is full, assist her to empty it. Also have close by a container to collect the placenta and the oxytocic ready in a syringe.

The placenta usually separates within the first few minutes after birth. To see if the placenta has separated:



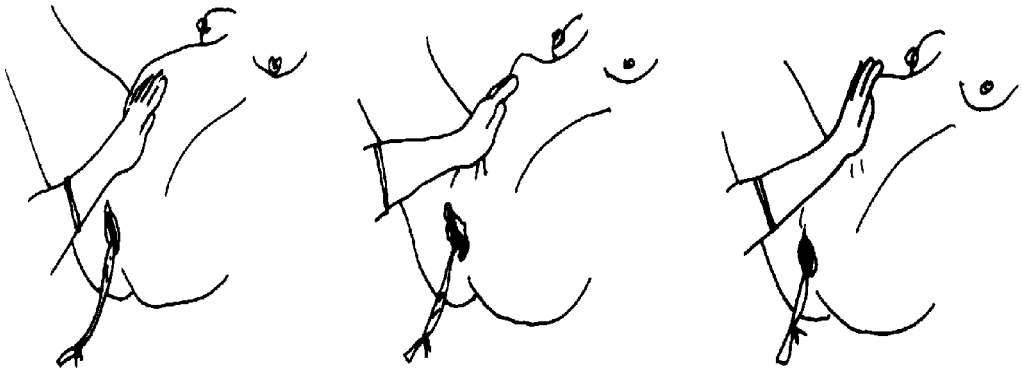
- ***LOOK for a small gush of blood from the vagina***
  A small gush is a small amount of blood that comes at one time from the vagina and then stops. This happens when the placenta comes off the wall of the uterus. Sometimes the placenta blocks this blood from coming out of the uterus. You may not see the blood until after the placenta is delivered.

- ***LOOK for the umbilical cord to get a little longer***
  When the placenta comes off the wall of the uterus, the placenta drops down closer to the vagina. This may make the umbilical cord look longer.

After you see signs of placental separation, you can check for separation by looking for movement of the cord when you push the uterus up.

Find the bottom of the uterus

Push the uterus up



Notice where the string is

If the string stays in the same place,
the placenta is probably separated

If the string moves up with the uterus,
the placenta may still be attached

- Make sure the cord is marked with a clamp or tie.

- Look for separation by pushing the uterus up from below and see if the clamp also moves up, as seen in the pictures above.

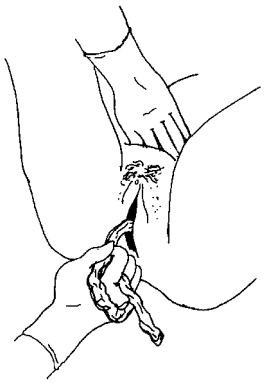
☞ **If the cord moves up with the uterus, the placenta is still attached.**

***WAIT AND TRY AGAIN LATER.***

**2. DELIVER PLACENTA**

When you are sure that the placenta has separated, you can deliver it, using the following procedure.

Use one hand to apply gentle pressure on the abdomen above the pubic bone, supporting the uterus upward.



Use the other hand to gently guide the placenta downward and outward by the cord. Be gentle, steady and smooth. A sudden or hard pull can tear the cord. Ask the mother to push while you are guiding out the placenta. The uterus stays in place and the cord gets longer as you guide, continue to guide ***gently*** until the placenta comes out.

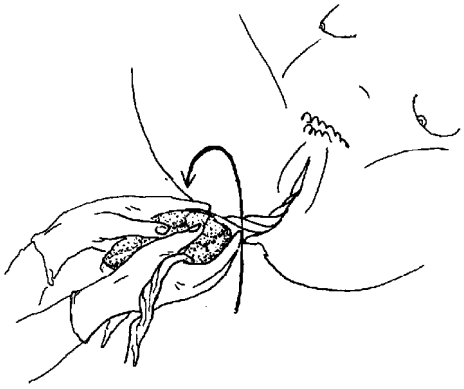
**BE CAREFUL !!**

**If the uterus seems to move down as you pull the cord, STOP!**
**The placenta may not be separated.**

**If the mother says it hurts, or if the placenta will not come, STOP!**
**The placenta may not be separated.**

**Wait a few minutes then check again to see if the placenta is separated.**

The ***membranes*** from the bag of waters surrounding the baby should come out with the placenta. As the placenta comes out, hold it in two hands. Turn it until the membranes are twisted like a rope. They are less likely to tear inside when you twist them. Then slowly and gently deliver the membranes.



Membranes

Gently deliver membranes ***WHILE TWISTING.***

### 3. MASSAGE THE UTERUS

As soon as the placenta comes out, give the uterus a good firm rub to stimulate a contraction. Expel any blood and clots from the uterus. Feel the mother's uterus to make sure it is small and firm. Ask the mother to feel her uterus and show her how to massage it to make sure the uterus stays hard.

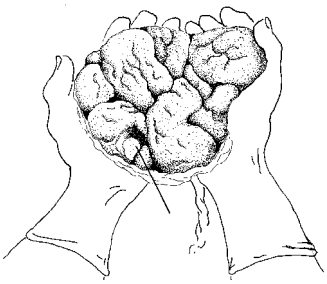
☞ **If the uterus is not firm *CONTINUE TO RUB IT.***

### 4. GIVE AN OXYTOCIC

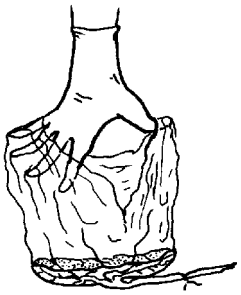
Give an oxytocic intramuscular injection. Oxytocics cause contractions of the uterus. Contractions reduce bleeding after childbirth.

## 5. LOOK AT THE PLACENTA AND MEMBRANES

The placenta usually comes out whole, but sometimes a piece stays inside. This could cause bleeding or infection. To see if everything has come out, check the placenta and membranes. Be sure to wear gloves when checking.



Check Membranes



Check Placenta

If the placenta does not come out, if a piece of the placenta or membranes is missing, or if the mother's uterus does not stay hard, ***make arrangements to take the mother and baby to a doctor*** as quickly as possible while you:

- ✓ Make sure the bladder is empty
- ✓ Keep the mother and baby warm
- ✓ Give the mother something to drink
- ✓ Make sure you explain the situation to the family, and have them come with you to the doctor
- ✓ If there is bleeding, hold the mother's uterus with both hands as discussed in Topic 6, page 195.

**WITH DELIVERY OF THE PLACENTA ALWAYS:**

1. Wait for placental separation
2. Check for placental separation
3. Deliver the placenta
4. Check ***immediately*** that the uterus is firm and contracted
5. Give oxytocic IM
6. Check the completeness of the placenta and membranes

**WRITE THE RESPONSES TO THE FOLLOWING:**

1. After the birth of Ibu Tina's baby, you see a small gush of blood. The uterus feels hard and is higher in the abdomen. How will you check to see if the placenta has separated?

2. Describe the two things you will do to help the uterus contract after the placenta has delivered:

   1)

   2)

**Compare your responses to the information in Exercise 5-2**

## EXERCISE 5-3
## RECORD KEEPING

Record the following information in the delivery book, on the back of the partograph, and on the birth certificate as appropriate in your situation:

### DELIVERY INFORMATION TO RECORD

_____

**Delivery of baby**: date and time, delivery method/type (spontaneous vaginal, forceps, vacuum extraction, C-section)

**Perineum**: intact, episiotomy, laceration (type and degree)

**Anesthesia**

**Delivery of placenta**: date and time, condition (complete or incomplete)

**Medications given**: type, route, and dose

**Amount of blood loss**: small, moderate, large

**Baby**: Weight, Apgar scores at 1 and 5 minutes, sex, position (vertex, breech or other), if single or multiple birth, if stillborn (fresh or macerated)

**Any complications of mother or baby**: Note any congenital anomalies.

**Delivered by whom and where**:

Look at the next page (back of partograph) and see where you would put the above

information.

**LABOR NOTES:**_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please circle or write responses.

**DELIVERY**: Date: Time: Method: Spontaneous / Vacuum Extraction / C/S / Other

**PERINEUM :** Intact / Episiotomy / Laceration

**ANESTHESIA :** None / Local /General

**THIRD STAGE**: Oxytocic Given: Yes / No If Yes: Type_____ Amount_____

**PLACENTA:** Time: Complete / Incomplete

**BLOOD LOSS AMOUNT**: small (less than 250 cc) moderate (250-499 cc) large (more than 500 cc) significant for mother

**APGAR**

| **Time** | Color | Breath | Heart | Tone | Reflex | **TOTAL** |
|---|---|---|---|---|---|---|
| 1 min | | | | | | |
| 5 min | | | | | | |

**BABY:** Weight: _____Grams Sex : Male / Female

Baby Position : Vertex / Breech / Other If Stillborn: Fresh/Macerated

**COMPLICATIONS OF MOTHER / BABY**

Midwife Name:_____ Date:_____

**WHAT DID I LEARN?**
Answer the following questions:

1. Why should Ibu Tina not start pushing until her cervix is completely open?

2. How often should you check each of the following during the second stage?

   Fetal heart rate

   Mother's blood pressure

   Mother's pulse

   Mother's bladder

3. Describe the positions that Ibu Tina can use for pushing and delivery. What is the advantage of each position?

4. How will you care for Ibu Tina's baby once the head is delivered?

5. After Ibu Tina has delivered her baby, what will you look for to see if the placenta has separated?

6. What care will you provide to Ibu Tina after the placenta has delivered?

**Look up and compare your responses with the information in the Topic.**

**Review any information you do not clearly understand.**

**Practice skills using the skill checklists in *Guide For Caregivers*.**

**Perform skills while a co-worker observes and gives feedback, using the skill checklists located in *Guide For Caregivers* for *Provide Care to Mother and Baby During Second Stage of Labor* and *Care of the Mother During Third of Stage Labor.***

**If you do not have a co-worker, then perform the skills on the checklist and check yourself. Repeat this five times and make note of your improvement.**

# TOPIC 6
# POSTPARTUM CARE

## INTRODUCTION

The postpartum period (the six weeks following delivery) is a critical period in the life of a mother and baby. ***An estimated 60% of all maternal deaths occur after delivery***, and almost 50% of these postpartum deaths occur within the first 24 hours after delivery. The first days and weeks in a baby's life are also critical. ***Two thirds of infant deaths occur within the first four weeks after birth***, and more than 65% of these die within the first 7 days after birth. Close monitoring and care of a mother and baby and teaching in the postpartum period by a midwife may prevent some of these deaths.

This topic describes good care for a woman and her baby after the delivery. You will learn about the changes that occur in the woman's body after delivery, how the newborn gets used to its new environment, the skills you need to offer care to women and newborns who deliver in your community, and some ways you can help women and their families learn what they need to know and do in the postpartum period. *Remember, when you see this kind of text, it suggests a way to ask a question or to explain something to the mother and family.*

You should visit all postpartum mothers in their homes, even those women delivered by a home birth attendant (HBA) or family members. You should visit at least 4 times: within 6 hours of the delivery, on the third day after delivery, on the 14th day (2 weeks) after delivery, and at six weeks (40 days) after delivery. At these visits, help the HBA and family to provide care for the mother and baby, and make sure they know danger signs and the actions they must take if the signs occur.

If you did not attend the delivery, you should visit the mother at home as soon as you hear of the birth. ***The first visit should be immediately after delivery or within the first 6 hours after birth.*** During this time, the uterus is contracting and closing off the placental site. This visit is critical to identify women who are bleeding too much so that you can start care before a problem becomes serious. You will also do the very important first examination on the baby and provide the mother and family with advice on the baby's needs so it gets a healthy start. It is very important to keep the new baby warm and to encourage breast feeding immediately after birth. The sooner you visit the new mother and baby, the more likely you are to identify problems before they are life threatening.

***Three days after delivery*** it is important to check the mother and baby at home again. Make sure that the mother's recovery has begun normally and that she is resting enough. Check that she does not have signs of infection or too much bleeding, and that she understands what to watch for and how to care for herself. This is also an important time to again examine the baby, to be sure it is breast feeding well, shows no sign of problems and that the mother understands the advice you have given her. At this visit, you should remind the mother to continue to take iron folate pills for 40 days after she has delivered.

***At the two week visit***, you will examine the mother at home to be sure that her uterus continues to contract and is almost at a nonpregnant size (by abdominal exam). You will also examine the baby and explain more to the mother/family about postpartum care for mother and baby. This will include information about protection from pregnancy and reproductive tract infections. ***At the six weeks visit***, you will do a fourth exam of the mother to identify any problems and to discuss family planning, breast feeding, and the on-going care for the baby. This visit may be made at the home of the mother or the mother may come to you.

Write down the postpartum observations and care, education and counseling you provide for the mother and baby. If you do not have a record form, you may want to use the sample record in this topic or make something similar.

After reading this Topic look at the skill checklists in *Guide For Caregivers* for the mother and the baby for:

1) ***First Six Hours After Birth***
2) ***Three Days After Delivery***
3) ***Two Weeks (14 days) After Delivery***
4) ***Six Weeks (40 days) After Delivery***
5) ***Family Planning Counseling***

These will provide a clear, step by step outline of what the midwife needs to do in the postpartum period.

When the conditions of the mother and baby are normal, little equipment is needed for postpartum care. Your eyes, ears, nose and hands can tell you a lot about how a mother and baby are doing. The following is a list of items that are helpful in giving care to postpartum women and newborn:

**POSTPARTUM KIT**

1) Blood pressure cuff and stethoscope
2) Baby scale
3) Gloves
4) Thermometer
5) Cord tie
6) Soap (used with running water at mother's house)
7) Oxytocic and syringe
8) Medications (such as antibiotics, analgesics, iron)
9) Records (such as Postpartum Record and Referral Note)

## OBJECTIVES

By the end of the topic you will be able to:

1. Describe the normal changes in a postpartum woman

2. Describe how a newborn gets used to its new environment outside the mother

3. Show how to assess a woman’s condition during postpartum visits

4. Show how to assess a baby's condition during postpartum visits

5. Show how to give care, explanations, advice, and counseling to the mother, baby and family during postpartum visits made:

   - ⇨ Immediately after delivery or within the first six hours of birth
   - ⇨ Three days after birth
   - ⇨ Two weeks (14 days) after birth
   - ⇨ Six weeks (40 days) after birth, including family planning

6. List the postpartum danger signs and use the four problem solving steps as an outline to describe what you will do for each danger sign.

7. Describe family planning methods available to a woman/couple in the postpartum period, including the lactational amenorrhea method (LAM).

## WHAT DO I ALREADY KNOW?

**Answer the following questions:**

1. Describe the physical changes that occur in Ibu Susy in the six weeks after she has delivered her baby.

2. How can you and others help Ibu Susy's newborn baby adapt after delivery to meet needs for:

   Air

   Food

   Warmth

3. Ibu Susy delivered her baby 2 hours ago. How will you decide that she was not bleeding too much at this time?

4. If you have decided that Ibu Susy was bleeding too much, what will you do?

5. You visit Ibu Susy three days after delivery. She has sore nipples. Describe three actions that you will take to help her with this problem.

   1)

   2)

   3)

6. When you examine Ibu Susy's baby three days after delivery, what will you expect to find:

   Eyes

   Skin

   Cord

   Weight

7. Describe what Ibu Susy needs to do if she chooses breast feeding to prevent pregnancy.

8. What other methods of family planning are available to Ibu Susy and her husband 2-6 weeks after delivery?

# EXERCISE 6-1
# CHANGES IN A MOTHER AFTER DELIVERY

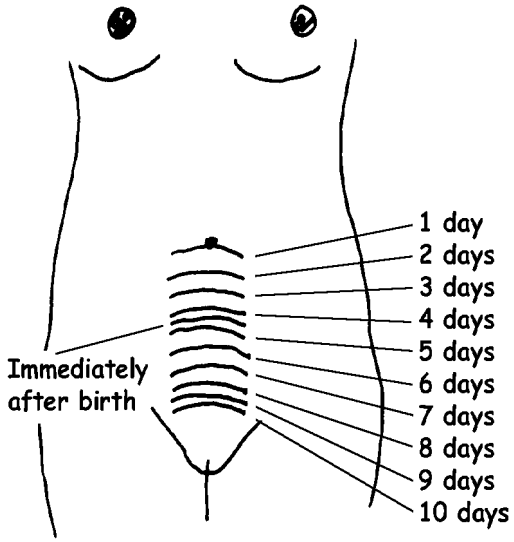
A woman's body changes after she has delivered a child. Her uterus contracts and becomes smaller, her cervix closes, her vagina returns to normal size and her breasts begin producing milk.

The postpartum period lasts six to eight weeks. During that time, the woman's body returns to a nonpregnant state. By studying the postpartum changes, you will be able to understand the progress of a woman's postpartum recovery and identify when it is not progressing normally.

## Change in the size of the uterus

contract and get smaller immediately after the placenta is delivered. The uterus usually is at one to two fingers breadths below the woman's umbilicus at this time. In the first 24 hours, the uterus may get a little bigger so that it reaches the umbilicus. Each day thereafter, the uterus becomes smaller and firmer. By the end of the second week after birth, it has almost returned to a nonpregnant size.

A woman who has had children usually has a slightly larger uterus than a woman who has not had children.



### Lactation is established

During the pregnancy, a woman's breasts prepare to provide nourishment to the baby. Her breasts become larger and fuller. Colostrum, the very first fluid from the breasts, contains nutrients for the newborn baby and protects it from infection. ***It is important to give the baby ALL the colostrum a mother's breasts make. Do not throw any away***. Colostrum is just the right food for the newborn baby. It is important to put the baby to breast as soon as possible after delivery and to let the baby breast feed frequently, even during the night. The baby's sucking at the breast is very important to help the mother produce enough milk.

A woman's breasts produces colostrum until about the second or third day when milk starts to come. The breasts become harder, fuller, and heavier after the milk comes in. The mother may feel some discomfort for a day or two. After the milk begins to flow and the baby nurses regularly, the breasts become softer and more comfortable. Lactation is then established.

Breast milk is the perfect food for a newborn because it contains all the nutrients the baby needs, is easy for the baby to digest, and gives the baby important protection from infection. Breast milk is always fresh, clean and ready to eat.

Breast feeding has advantages for the mother and her family too. It slows the mother's bleeding after birth by helping her body produce oxytocin. Oxytocin makes the uterus contract and helps the milk come out of the breast when the baby sucks. Breast feeding can help prevent the mother from getting pregnant again too soon, and costs nothing.

### Change in the vaginal discharge

As the uterus contracts, the cervix and vagina also return to their normal shape. As the uterus contracts, it pushes out the blood from the place where the placenta was attached to the wall of the uterus. This produces a bloody discharge called ***lochia****.*

Immediately after delivery, the lochia is red like a monthly bleeding. It remains red for about three days. The lochia gradually changes color and becomes less in amount. Four to seven days after delivery the discharge becomes reddish/pink. Eight to ten days after the delivery the discharge is a mix of pink, yellow and white. Many times, a woman will see a little brownish discharge for as long as 4-5 weeks postpartum. If the mother breast feeds her baby, her normal menstruation may not resume for several months or up to the time that she stops breast feeding. The time when a woman returns to monthly bleeding differs among women.

☞ **If the mother starts her normal responsibilities too soon, her lochia may increase and become red again. If this happens, the mother should rest more.**

## WRITE RESPONSES TO THE FOLLOWING:

1. You have come to visit Ibu Susy three days after she has delivered. What do you expect to find when you examine her?

   Uterus

   Breasts

   Lochia

2. What do you expect to find when you examine Ibu Susy 2 weeks (14 days) after delivery?

   Uterus

   Breasts

   Lochia

**Compare your responses to the information in Exercise 6-1**

## EXERCISE 6-2
## CHANGES A NEWBORN BABY MUST MAKE

The newborn baby begins to make changes at birth. The baby can no longer depend on the mother's body for oxygen, warmth, and food. The baby must survive on his own. This topic will discuss the changes that a baby must make to meet the needs of oxygen, warmth, and food. It will also discuss ways that the midwife, the mother, and the family can help the baby make these changes.

### Air

The first and most obvious change happens when the baby takes the first breath of air. The birth process pushes mucus in the baby's airways up into the nose and mouth. It also causes changes that tell the baby's brain that it needs to begin to breathe on its own.

### Warmth

The second change for the baby is coming from the warmth inside of the mother out into the air. The baby is wet, so he begins to cool immediately, even if the outside temperature is very warm. The baby must now depend on the mother and the family and any glucose (sugar) stored in his body to keep warm.

### Food

The third change happens when the baby begins to suck from the mother's breast to get food, instead of getting food from the mother through the umbilical cord. The baby needs this food for energy to keep warm, to breathe, and to grow.

These three changes also affect one another. For example, a baby who gets cold (hypothermia) quickly uses up his energy as he tries to keep warm. Once this energy is used up, the baby begins to have trouble breathing and gets even colder. If the baby is not fed and warmed, he can die.

From birth the midwife, mother, and family can help the baby to make these three changes.

## TO HELP THE BABY :

**Breathe**

- ✓ Clean out the mucus from the mouth and nose, if the baby does not take the first breath right after birth.
- ✓ Keep the baby warm. This helps the baby bring up the mucus in the airways.

**Stay warm**

- ✓ Dry the baby off right after birth and then wrap him in a dry cloth.
- ✓ Keep the baby's head covered because he loses a lot of heat through his head.
- ✓ Do not bathe the baby until at least 12 hours after birth.
- ✓ Keep the baby close to the mother, to share her warmth.

**Feed**

- ✓ Put the baby to the mother's breast as soon as possible after birth and keep the baby with the mother to breast feed . (More information is given on breast feeding in the following Exercise.)

☞ **Home birth attendants, the mother, and the family may not know how to help the baby adjust, but you can explain how these actions help the baby.**

## WRITE RESPONSES TO THE FOLLOWING:

1. Describe the changes that Ibu Susy's baby must make at birth to get:

   Air

   Warmth

   Food

2. What can you do to help Ibu Susy’s baby make these changes?

   Get air

   Stay warm

   Get food

**Compare your responses to the information in Exercise 6-2**

## EXERCISE 6-3
## POSTPARTUM CARE OF THE MOTHER AND BABY IN THE FIRST SIX HOURS AFTER BIRTH

"Hemorrhage in the first four hours after delivery accounts for the single largest number of maternal deaths. The major causes of hemorrhage in the first hours after birth are uterine atony and retained products of conception. All women and neonates should receive ***active care in the first six hours after delivery***".

Quote from *Report of the MotherCare Task Force for Postpartum and Neonate Care*, August 1994.

Immediately after a normal birth, the mother is usually alert and interested in the baby. Her uterus stays hard and the discharge (lochia) is no heavier than monthly bleeding. She is able to urinate within a few hours, and can take food and drink.

Her baby is also alert and usually begins to breast feed within an hour after birth. The baby continues to have good color, breathing, reflexes, muscle tone and heartbeat. The baby urinates and has a bowel movement within a few hours.

You need to find out how the mother and baby are as soon as possible after the delivery. Begin your visit in the mother's home by greeting her and others. Ask permission to do the visit and explain your purpose. If you were not at the birth you will need to find out about the labor and delivery. This information will help you to identify any problems and to provide care to prevent complications from developing.

## A. CARE OF THE MOTHER

***ASK* and *LISTEN*** (History)

| | |
|---|---|
| **!** How does the mother feel? | • *Are you feeling tired? How much are you bleeding? Have you had any problems with dizziness or pain?* |
| **!** If you were not at the birth, how was her labor and delivery? | • *Who provided care?*<br>• *Where did you labor (home, health center, or other)?*<br>• *Who delivered you (the birth attendant) and where did you deliver?*<br>• *Did you or the baby have any high risk conditions or pregnancy complications?*<br>• *How did you deliver (spontaneously, by vacuum extraction, forceps, or Caesarian Section)?*<br>• *Was the placenta delivered spontaneously or manually?*<br>• *Was the placenta complete or was there anything unusual about the placenta, membranes or cord?*<br>• *Did you have any tears, or was an episiotomy done?*<br>• *Did you or the baby have any problems?* |

***LOOK* and *FEEL*** (Examination)

As you examine the mother, you can also provide care and explain to her what she needs to do and watch for in the next three days. Before you begin, ***explain*** to the mother what you are going to do. ***Wash*** your hands.

1. **Take the mother's pulse and blood pressure**. If you attended the delivery, repeat the pulse and blood pressure every hour for the next 4 hours after birth. *If these are normal, let her know what you have found.*

2. ***LOOK* at the mother's pads** as often as you check her uterus. ***LOOK*** at the amount and color of the bleeding. *Explain what you are looking for. Explain that it is important for her to watch how much she is bleeding now and in the next few days, to be sure there is no problem. She might have as much as a heavy monthly period. If she bleeds more than this, or if she sees any clots, she should send someone to inform you immediately. If there is any problem, it must be taken care of quickly.*

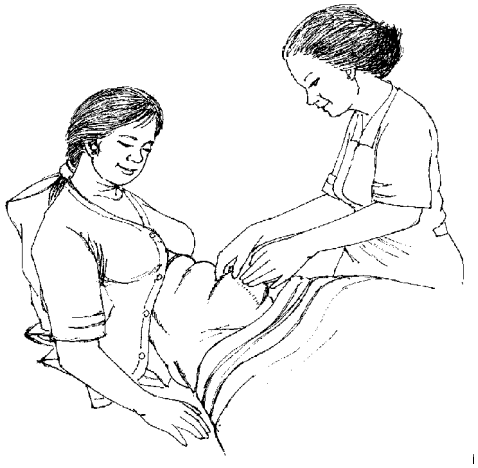
3. ***FEEL* the uterus**. If you attended the birth, ***FEEL*** the uterus right after the placenta is delivered and every 15 minutes for one hour and then every 30 minutes for two hours. If the uterus is hard, this probably means it is contracting as it should. If you were not at the delivery, feel the uterus as soon as possible.

It is normal for the mother to bleed like a heavy monthly bleeding after the birth. The blood may come out in little amounts or small gushes when the mother coughs, pushes, moves or

stands up, but it should not be continuous bleeding or have clots. The amount of blood may be as much as one pad per hour for the first 6 hours. The uterus should stay firm.

☞ **Bright red bleeding or continuous bleeding, even a continuous amount of small bleeding (constant little trickle) , or clots about the size of an apple are dangerous !**

*Explain to the mother that her uterus should be hard. If her uterus gets soft, there might be too much bleeding. She can check it herself to make sure it is hard, and she can help to keep it hard.* Teach the mother, the HBA and her family how to check the uterus and how to rub it to make it hard. *If they notice that she has too much bleeding (more than one pad per hour), large blood clots, fever, a bad smell or too much pain, they need to tell the midwife immediately. These are signs of problems that must be taken care of quickly.*



**WHEN THE UTERUS STAYS SOFT OR BLEEDING IS NOT NORMAL**

***If the uterus is soft**:*

- ✓ Make sure the bladder is not full
- ✓ Rub the uterus until it is hard
- ✓ If oxytocic was not given at birth give it now
- ✓ ***FEEL*** the uterus every 1 or 2 minutes for a while

***If it gets soft again**:*

- ✓ Rub it until it gets hard, removing any clots or blood
- ✓ Encourage the mother to breast feed, as this helps the mother's body to produce oxytocin which makes the uterus contract
- ✓ Give methergine IM
- ✓ Watch her carefully for the next few hours

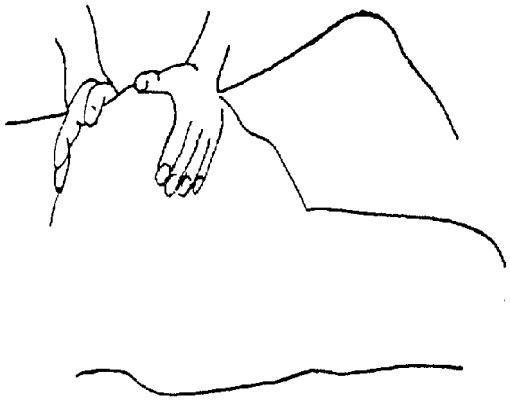
If the uterus does not stay firm, if the bleeding is heavier than a heavy monthly period, if there is fresh bright red blood or clots, or if the uterus feels hard but is getting larger:

***THE WOMAN MAY BE HEMORRHAGING!***

***HELP GET THE WOMAN TO A HOSPITAL AS SOON AS POSSIBLE!***

**IF THE MOTHER IS HEMORRHAGING AND NEEDS TO GO TO THE HOSPITAL**

Hold the uterus tightly with two handed pressure, as shown in the picture below :



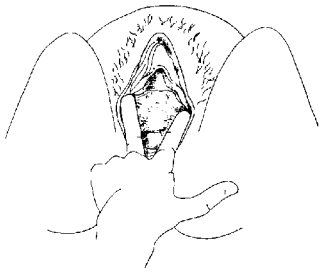
On the way to the hospital, hold the uterus tightly with two handed pressure, keep the mother warm, keep her lying down, help the baby to breast feed if possible, and give the mother something to drink.



Hold uterus with two hands

4. **Clean the mother's genitals, abdomen and thighs**. The mother may want to wash after the baby is born. If she is not ready to get up, you can make her more comfortable by changing her bedding and washing her body. You should put on gloves before you care for the mother. *As you wash her genital area, explain to her that she should always wash herself in this same way after she passes urine or stool, using soap and water. She should first wash her hands, then wash around her vulva, washing from front to back. The anus should be the last part washed, because it might have dirt that could cause infection. After washing herself, she should again wash her hands. She also needs to change her perineal pad or cloth at least two times a day. She can use the cloths again if they are washed thoroughly, boiled and dried in the sun. In these first days, she needs to keep her body very clean, to prevent infection.*

**Check around the vaginal opening for tears**. As you clean the genitals, gently look for tears or fresh bleeding. *Explain that you are looking for any cuts or tears that might have happened as the baby was born. You are checking because tears can also cause too much bleeding. After you check, tell the mother what you have found.*



☞ **Tears can also cause a woman to bleed too much. If the uterus is firm, but the mother is still bleeding heavier than a heavy monthly period or blood is bright red, the woman may be hemorrhaging. If you find tears that are bleeding, repair them if you are able, or refer. If referring, apply pressure with a tampon during transfer to the referral center.**

6. **Make sure the mother urinates.** Try to get the mother to urinate as soon as possible after the delivery. A full bladder can prevent the uterus from contracting well. If the mother has difficulty urinating, pour warm water over her perineum while she is trying to urinate, or put her hand into warm water. If the mother can not urinate and her bladder seems very full, you may need to catheterize her.

   *Explain to the mother that she should urinate often, because if her bladder is full, it can keep her uterus from getting hard and she can bleed more.*

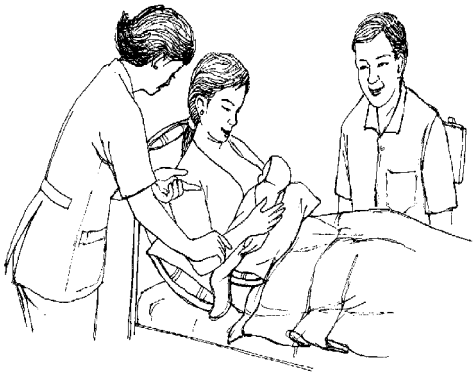
   *Before you finish the examination, ask the mother to feel her uterus and tell you if it feels hard. Watch her, then feel the uterus yourself to be sure that she has understood.*

☞ **When a uterus is off to the side, it is usually is a sign of a full bladder.**

   ***Remove gloves*** and ***wash your hands*** after finishing with the examination.

7. **Give liquid and food to the mother.** After the birth, the mother can eat whatever she wants. If she is not hungry, she should at least drink fruit juice or eat fruit because these give her strength. Encourage her to eat soon and to drink often. *Explain that her body needs food and liquids for strength, and to help her bottom and womb heal quickly. Encourage her family to serve her meals that include body building (protein) and energy (fats, grains and tubers) foods. Ask what foods they have available and recommend the ones that you know will repair the body and provide energy.* See Topic 3, Health Messages early in pregnancy, page 90, #2. *Explain that she needs to drink plenty of fluids. She should drink at least every time she breast feeds. Fluids will help her make milk for her baby.*

**8. Give the new family some time alone.**
Congratulate and let them see and hold the baby, talk with the mother, and watch while you care for the baby. While you are taking care of physical things, try to be aware of the emotional needs of the new family. The mother may feel tired and excited. She may wish to hold her baby all the time. The new family often needs a few minutes alone. Traditional customs are very comforting and helpful to the family.



***IDENTIFY PROBLEMS / NEEDS***

As you ***ASK* and *LISTEN*** and ***LOOK* and *FEEL***, you will be looking for signs of problems in the mother. The mother may be tired, but she should be able to answer your questions, eat and drink, breast feed her baby, and get up to urinate.

***TAKE APPROPRIATE ACTION***

You can now make a plan of care with the mother, family and/or HBA for each problem or need you identified above. This plan can include education and counseling, lab tests, medical treatment, referral, and plans for follow-up. Below is a summary of the important information the mother, family and HBA need to understand immediately after the birth. You explained most of this information as you examined the mother. Who else in the home needs to be aware of it? You may need to talk about these things again at a later visit.

**DANGER SIGNS**

***Postpartum woman with any of these signs should be referred to the hospital immediately:***

- ✓ Too much bleeding (refer to Postpartum Guidelines)
- ✓ Fever
- ✓ Abdominal pain or foul smelling lochia
- ✓ Convulsions (refer to Antenatal Guidelines)

***When any sign of danger is seen, the birth attendant and family must take action quickly. The woman is in great danger, but she can be helped at the hospital.***

- ! It is important that the mother's body, clothing, bedding and environment be kept clean, to prevent infection.
- ! The mother should wash the genital area with soap and water each time she has passed urine or stool. Before and after washing her genitals, she should wash her hands. She can begin around the vulva, washing from front to back, then around the anus last. (She may need help to do this at first.)
- ! The mother should change her perineal pad or cloth at least twice a day. Cloths may be reused if washed thoroughly, boiled and dried in the sun. Washing, boiling and sunshine all help to prevent infection.
- ! The mother needs to eat well, especially protein and energy foods. She also needs foods that provide minerals and vitamins. Ask the family what foods they have available. Encourage them to offer her plenty of the body building and energy foods they name. Keep cultural beliefs and practices in mind as you decide what to advise.
- ! The mother should continue taking Iron folate for at least 40 days postpartum to replace any lost blood and make her strong again.
- ! She should drink fluids every time she breast feeds, because fluids help her body to produce milk.
- ! The mother should get enough rest. It is one of the most important things she can do to help herself. Getting enough rest will help her uterus to stay hard and get smaller sooner, so she bleeds less.
- ! The mother needs to know that you will see her again for visits at 3 days, 2 weeks and 6 weeks from the day she delivered. If she has any problems you will come at other times also.

☞ **Record your finding on the mother's postpartum record.**

## B. CARE OF THE BABY

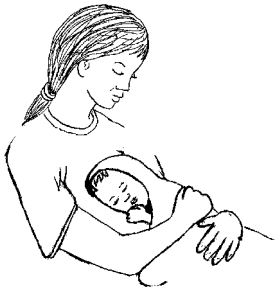
***ASK* and *LISTEN*** (History)

Ask the mother, family, or HBA how the baby is doing. If you were not at the delivery, find out if there were any problems at birth or immediately afterward.

***LOOK* and *FEEL*** (Examination)

Immediately after delivery, the baby should be dried off and wrapped up, including the head, to keep him warm. The baby's condition should have been assessed and any immediate care provided.

The mother is now warm and comfortable. It is time to ***LOOK*** a little more at the new baby. Make a clean place to put the baby as you examine it. You might examine the baby on the end of the mother's bed so that the mother, family and HBA can watch.



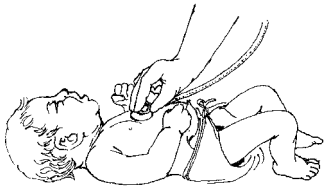
***Keep the baby warm and dry*** during the examination. Have the postpartum record form available and follow your skill checklist so you do not miss anything.

***Wash your hands***. ***Explain*** everything you are doing as you work.

**1.** **General appearance,** the way a baby looks and sounds can tell you about its health. ***LOOK*** **and** ***LISTEN*** to everything! Is the baby small or large? Fat or thin? Do its arms, legs, feet, hands, body and head seem to be the right size? Is the baby tense or relaxed, active or still? Are the baby's body and mouth blue or pink?

***LISTEN*** to the baby's **cry**. Every cry is a little different, but a strange, high, piercing cry can be a sign of illness.

**2.** **Signs of breathing, heart rate and temperature** are important to watch in the first six hours because the baby cannot tell you how it is feeling.



**!** ***Breathing*** should be without difficulty, although it may be faster at first, then slower as the baby gets used to breathing. The normal rate is 30-40 breaths per minute.

**!** ***Heart*** rate should be between 120-160 in a minute. Feel the heart rate by placing two fingers over the baby's heart and counting for one minute, or you may use a stethoscope to listen.

**!** ***Temperature*** is usually between 36.5-37.2 C when taken under the arm. A temperature below 36.5 C is a sign of hypothermia. If you do not have a thermometer, ***FEEL*** the baby's skin. It should feel warm, not cold. The baby's body and mouth should be pink. Hands and feet may stay blue for a few hours, or even a few days, especially if the baby is not warm enough.

*Explain to the mother and others that they need to keep the baby warm in these first days after birth, as his body is adjusting to being in our world. The baby cannot keep himself warm yet. They should keep him covered, especially his head. He should not be bathed yet. When they do bathe him, they must use warm water and do it in a warm room without any breeze. It is good to keep him next to the mother's skin, to share her warmth. He should be encouraged to suck the breast. This will also help him keep warm.*

☞ **It is very important to *PREVENT HEAT LOSS* after delivery by drying and covering the baby, especially its head, and by keeping it close to the mother. Do not bathe the baby immediately, but wait at least 12 hours.**

**baby when the skin feels cold. Place the baby "skin to skin" with the mother and cover them.**

**3.** **Weight** should be checked if you have a scale. Before you weigh a baby, look and guess its weight. Then weigh the baby and see whether you are correct. This will help you learn how to guess the size of a baby before it is born. A baby usually weighs between 2.5 and 4 kilograms. *Tell the mother and family how much the baby weighs.*

**4.** ***LOOK*** **at and** ***FEEL*** **the whole body of the baby.** It is a good practice to carry out the examination in exactly the same order each time so that nothing is missed.

***Head****.* Note the sizes of the fontanelles (soft spots), sutures, molding and the presence of any swelling or depressions.


Feel the head

***Eyes***. A mother can have an infection in her vagina that she does not know about. When he is born, the infection can get in the baby's eyes and cause blindness. Every baby should receive eye prophylaxis as soon as possible after birth, preferably within one hour. Clean the eyes and place 2 drops of ***1% silver nitrate***, ***erythromycin*** or ***tetracycline*** ointment in each eye. *Advise the mother that if the baby's eyes are swollen and sticky with discharge she should see you or a doctor right away.*

***Mouth.*** Examine the formation of the lips and feel the inside of the mouth. Check **sucking reflex** by watching the baby breast feed. *Advise the mother to give the baby only her breast milk and let him suck often. Her milk is all he needs to grow and be healthy until he is four months old.*

*Explain that before her milk comes in, the yellow liquid in her breast is the only thing the baby needs. This liquid is very special. It protects the baby from illness, like an immunization. She should encourage the baby to suck the breast often.*

***Spine***. Note any swellings or depressions.

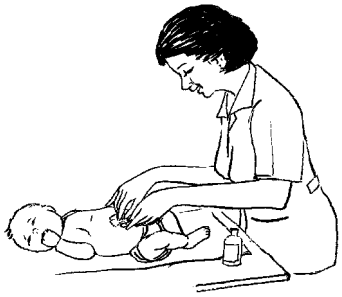
***Limbs***. Note their ability to move and the number of fingers and toes.

baby, look for Moro reflex. The arms normally open wide because you have made a noise (such as clapping hands) or moved the baby suddenly.

OK - Arms open wide

***Skin*.** Note the temperature, the color and the presence of any growths or dark areas. The skin of the newborn is usually pinkish or dusky pink in color and sometimes is covered with a creamy substance called vernix. The vernix does not need to be removed. *Explain to the mother and family that the skin should be kept clean, but it is better to wait 12 hours after birth before the baby is given a bath. Sponge baths should be given in the first days.*

***Cord***. Check for any discharge or foul smell. Retie the cord if there is any oozing. *Show the mother and family how to clean the cord with alcohol. They should continue cleaning the cord with alcohol and keep it dry until it falls off, normally in five to seven days. The baby may be put in water after the cord has healed.*



***Genitalia*.** Look at the genitalia for any abnormalities.

***Anus and Urethra***. Make sure there are openings. This is done by observing bowel movement and urination. Ask the mother to tell you when there is a bowel movement or urine passed. The first stools the baby passes (meconium) are blackish in color. *Explain that this color is normal at first, and that the stool will change to yellow within three to five days.*

***Wash your hands*** after examining the baby.

***Explain*** *your findings to the mother, family and HBA. Advise them that if they feel something is not right with the baby, they should bring him to you or send you a message. They should inform you if the baby is not sucking or feeding well, does not wake up to suck, has fever or watery stool.*

*Remind the mother to keep the baby close to her on the bed/mat, to keep him warm, and to offer her breast often. If she has problems with breast feeding, she should inform you.*

### *IDENTIFY PROBLEMS / NEEDS*

As you ***ASK* and *LISTEN*** and ***LOOK* and *FEEL***, check for signs of problems in the baby. The baby should have a normal cry, be active when awake, suck well at the breast, be warm to the touch, and have no difficulty with breathing.

### *TAKE APPROPRIATE ACTION*

Here is a summary of the important information and advice the mother, family and HBA need to understand about the baby in the first three days after birth. You explained many of these things as you examined the baby. You may need to discuss them again before you leave or at your next visit.

- ! Keep the baby warm, because he cannot keep himself warm yet. Keep him covered, especially his head. Mother should keep him close to her and let him suck her breast. These will help to keep him warm.
- ! Encourage the baby to suck the breast often. Breast milk is the best food for the baby and the only food he should have until he is four months old.
- ! The first liquid from the breast is colostrum. It is the best food for the new baby. It helps keep him free from illness, like an immunization.
- ! Keep the baby's cord clean and dry. Do not put the baby in water until the cord falls off, in five to seven days.
- ! If the baby is not sucking or feeding well, does not wake up to suck, has fever or watery stool, the family should inform the midwife.

**Manage problems**

You will need to take action to manage any problems you find during your examination.

## DANGER SIGNS

***A baby with any of these signs needs to be referred to doctor:***

- ✓ Poor feeding or sucking
- ✓ Lethargy (a sign could be a baby that is "too good" or sleeps all the time)
- ✓ Fever or hypothermia
- ✓ No stool by third day / imperforate anus
- ✓ Cyanosis or blueness of the lips or skin
- ✓ Severe jaundice
- ✓ Persistent vomiting
- ✓ Vomiting with distended abdomen
- ✓ Difficulty in establishing regular breathing
- ✓ Any unusual behavior or cry
- ✓ Eye discharge
- ✓ Watery or dark green stools with mucus or with blood

**1. Poor condition at birth**

Poor condition can be caused by an infection, meconium in the baby's lungs, drugs in its blood from the mother, or other problems. A baby who is in poor condition may:

- ! Have trouble breathing
- ! Breathe faster than 60 breaths per minute
- ! Be limp or weak
- ! Not have normal color one hour after birth
- ! Be cold to touch

If the baby's condition is poor, you should :

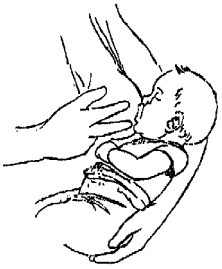
- ! Keep the baby warm
- ! Encourage the baby to nurse
- ! Refer the baby, mother and family to hospital
- ! If at all possible, it is a good idea to go with them to the hospital

**2. Breast feeding**

Breast milk is the perfect food for a newborn because it contains all the nutrients the baby needs, is easy for him to digest, and gives important protection from infections. Breast milk is always fresh, clean, ready to drink, and costs nothing. Giving other milks, formulas, teas and porridge can make a young baby very sick. Help the mother understand this danger and the importance of giving the baby only breast milk (***exclusive breast feeding***) for the first 4 months (120 days).

A mother's milk usually comes in two to three days after the birth. Before that, her breasts make a liquid (colostrum) that nourishes the baby. It is important to ***give the baby ALL the colostrum*** a mother's breasts make. ***Do not throw any away***. It is good to let the baby breast feed soon after birth and then frequently (at least every 2-3 hours even at night). The more a baby sucks the colostrum, the more milk the mother will produce, and the sooner and more easily it will come in.

☞ **If the baby does not begin breast feeding well within 6 hours after delivery, make sure that you visit the next day to check that the baby is breast feeding and to help the mother with any breast feeding problems.**

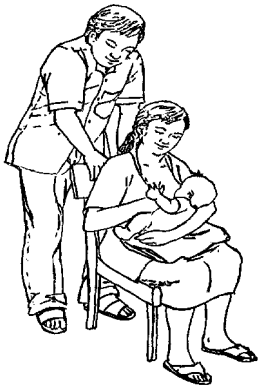


## GET BREASTING FEEDING OFF TO A GOOD START !!

These are some ways that you, the family and others
can help the mother to breast feed successfully:

1) ***Put newborn baby together with mother right after birth for the first hour***.
Wait to bathe and weigh the baby. Only the eye prophylaxis needs to be done as soon as possible after delivery. Keep the baby warm by lying him on the mother's skin and covering them.

2) ***Help the mother with the first breast feeding*.** Watch to make sure the baby is well attached and has plenty of the mother's nipple in his mouth. The mother's arms need to be well supported.



**SIGNS THAT BABY HAS FIXED ON THE BREAST IN A GOOD POSITION**

- ✓ His whole body is close and turned toward his mother
- ✓ His mouth and chin are close to the breast
- ✓ The baby's mouth is wide open
- ✓ You cannot see much areola
- ✓ You can see him taking slow deep sucks
- ✓ He is relaxed and happy
- ✓ The mother does not feel nipple pain

3) ***Baby should sleep next to the mother on the same bed or mat***.

4) ***Feed the baby OFTEN***. Usually newborns want to feed every 2-3 hours (at least 10-12 times in 24 hours). If the baby is not demanding to feed (by crying), tell the mother to offer the breast to the baby.

5) ***Give ONLY colostrum and breast milk***. Other feeds including water can make the baby sick, and decrease the mother's milk supply because her breasts produce milk according to how much the baby sucks. If other feeds or water are given, he will not feel hungry, so he will not suck. If water has to be given, be sure it has been boiled.

6) ***Mother and her family need to know that colostrum***:
   - ✓ Boosts the baby's health and immunity to disease (like a first immunization)
   - ✓ Helps the baby clear out meconium and thus helps prevent jaundice
   - ✓ Is exactly the food the baby needs before the breast milk comes in

7) ***Avoid bottles and pacifiers***. They confuse the newborn and may cause them to refuse the mother's own nipple or to attach poorly.

**ADVANTAGES OF BREAST FEEDING**:

_____

- ✓ Makes the uterus contract and reduces bleeding
- ✓ Protects the baby from infection, ***especially colostrum***
- ✓ Is a good way for mother and baby to begin to know each other
- ✓ Comforts the baby
- ✓ Helps the mother relax and feel good about her new baby
- ✓ Can prevent pregnancy (see page 237)

**3. Low birth weight**

Babies that are small at birth are likely to need extra care. A low birth weight baby is one that weighs less than 2,500 grams. These babies may also be premature and have problems with breathing and sucking. They need special attention. The mother and family need extra counseling and support.

**!** Keep the baby with the mother and make sure the baby is warm and dry.

**!** If the baby is able to suck and swallow, the mother should breast feed frequently.

**!** If the baby cannot breast feed, **refer** the baby and mother to the hospital.

**!** If the baby is getting enough milk, you should see him start to gain weight by the end of the first week. If the baby does not gain weight, refer with the mother to a hospital.

☞ **Record your findings on the baby's postpartum care record.**

## WRITE RESPONSES TO THE FOLLOWING:

1. Ibu Susy delivered her baby one hour ago. You have come to see her and the baby. Describe the care that you will provide for Ibu Susy at this time.

2. What will you do if you find that Ibu Susy is passing clots and her uterus is soft?

3. How will you prevent hypothermia in Ibu Susy's baby?

4. How will you prevent Ibu Susy's baby from getting an eye infection from delivery?

5. What advice will you give Ibu Susy about breast feeding at this visit?

**Compare your responses to the information in Exercise 6-3**

## EXERCISE 6-4
## POSTPARTUM CARE OF THE MOTHER AND BABY AT THREE DAYS AFTER BIRTH

This exercise discusses the care and advice that you will provide during the postpartum visit three days after birth. You will continue to assess the mother and baby for problems. You need to assess the relationship between the mother and her baby to make sure the mother is relating to and caring for her child. Teach the mother and her family how to recognize and prevent problems that may occur in her or the baby. Encourage the mother to continue to take iron-folate pills for 40 days after delivery, and to take one Vitamin A capsule.

### A. CARE OF THE MOTHER

Have a conversation with the mother, asking questions to learn how she is doing and to identify more information or advice you can give to help her. You may need to remind her about advice you gave her during your first visit, soon after delivery. Encourage her to ask you questions, too. Examine her to be sure that her uterus is involuting normally, breast feeding is going well, and to identify any problems she might have. The examination of the mother at this visit is similar to the exam done within six hours of birth (described in Exercise 6-3).

***ASK* and *LISTEN*** (History)

| | | |
|---|---|---|
| **!** | General condition: | • *How are you feeling today? Do you have any problems or concerns?* |
| **!** | Rest and sleep: | • *Have you been able to rest and sleep? If not, why?* |
| **!** | Diet and fluids: | • *What have you eaten today (or yesterday if you visit in the morning)? Are you taking fluids every time you breast feed?* |

| | | |
|---|---|---|
| **!** | Any fever: | • *Have you felt chilled or very hot?* |
| **!** | Bowel and bladder action: | • *When was the last time you urinated? Do you feel like you have to urinate often? Do you feel pain or burning when you urinate? When did you have a stool? Are your bowel movements normal?* |
| **!** | Uterine discomfort: | • *Have you felt any pain in your uterus/lower abdomen?* |
| **!** | Lochia/discharge: | • *How often do you need to change your perineal pad or cloth? What color is the discharge? Does it smell bad?* |
| **!** | Any perineal pain: | • *Where is the pain (location)? Can you describe the pain (strong, constant, only happens when you urinate)?* |
| **!** | Breast feeding: | • *Is the baby attaching well? Is he sucking well? Are your breasts tender? Are your nipples sore? Do your breasts feel very full (engorged)?* |
| **!** | Feelings about her baby | • *How do you feel about caring for the baby? Have you had any problems or questions about what you need to do? (Is she happy she has her baby, or is her baby a "bother"?)* |
| **!** | Understands newborn care | • *Do you feel comfortable holding and bathing the baby, and changing its diapers?* |
| **!** | Signs of depression | • *Does she seem to feel sad or worried about anything?* |
| **!** | Taking medications | • *Are you taking iron-folate? Remind the woman that she needs to continue taking it for 40 days.* |

***LOOK* and *FEEL*** (Examination)

***Explain*** to the mother what you are going to do. ***Wash*** your hands and use ***gloves***. Check :

**!** Relationship with baby: Does the mother appear to enjoy physical contact with her baby? Does she use her full hand when she touches the baby (not just the fingertips)? When feeding or holding the baby, are she and the baby turned toward each other? Does she make eye contact with her baby?

**!** Vital signs: Temperature, pulse, and blood pressure *Tell the mother what you have found.*

**!** Breasts: Engorged and maybe a little tender? Nipples not cracked or sore? *Remind the mother the more the baby sucks, the better her milk supply will be. If her breasts are uncomfortable now, she still must encourage the baby to suck and empty them of milk at least every two to three hours. Soon her breasts will adjust to the baby's needs and she will be more comfortable.* (See pages 214-215 for ways to help the mother when she has these problems.)

**!** Uterus: Firm, at or slightly below the umbilicus, and not tender? *Ask if she has checked her uterus today, and if it has remained hard since your last visit. Explain that her uterus will continue to shrink during the next two weeks, until it is almost as small as before she became pregnant.*

**!** Lochia: Red, but decreasing in amount, and no foul smell? *Explain that as the uterus gets smaller, it is squeezing any remaining blood out. This is the discharge she has. In the coming days it should change color. As the days pass, it will become lighter red or pink. In one more week, it is likely to look pink, yellow and white. It should not have a bad smell. If her discharge remains red, or if it smells bad, she must inform you. If the discharge increases, she will need to rest more. (This information is important for her family to understand, too.)*

**!** Perineal area: Is it clean? Is there swelling and discomfort? *Remind her that each time she passes urine or stool to wash with soap and clean water, from front to back, and to wash her hands before and after this. She must change her perineal pad/cloth at least twice a day. When possible, she should lie with her legs apart, so air can get to the area to help it heal.*

***Remove gloves*** and ***wash your hands*** when finished with the examination.

### *IDENTIFY PROBLEMS / NEEDS*

As you ***ASK* and *LISTEN***, ***LOOK* and *FEEL*** and talk with the mother, watch for signs of problems. The mother may still be tired, but she should be able to answer your questions, eat and drink, breast feed her baby, and get up to take care of her needs and those of her baby. The mother should not have excessive bleeding or signs of infection (fever, tender abdomen or foul smelling lochia).

### *TAKE APPROPRIATE ACTION*

Explain to the mother and her family what you have found and discuss with them any problems you identified. You explained some of these to the mother as you asked questions and examined her. As you worked with her, you also learned what she does not understand well, or what her family still needs to understand. Some of this information is best given to the mother and her family while they are together. Give only the information you find they do not have, or have not understood.

**!** The mother's responsibilities in caring for a new baby. The mother and her family should understand the importance of giving the baby good "physical" care, but also how important it is to show the baby how much they love him. The mother teaches the baby to love and trust by communicating her love.

- **!** How the mother can return to a healthy nonpregnant state most quickly (see point 3. Exercise, below.)
- **!** She should continue to take iron-folate pills for 40 days, to replace the blood she lost during delivery
- **!** She needs to take one Vitamin A capsule. It will pass through her breast milk and help to protect the baby. Give the capsule to the mother now.
- **!** The mother's continuing need for a diet that is high in body building (protein) and energy foods (see point 4. Nutrition, below)
- **!** Her continuing need for plenty of fluids
- **!** She must rest (see point 2. Rest, below)
- **!** The importance for mother and baby of breast feeding and how to manage any problems you found (see point 5. Breast feeding, below)
- **!** You will return to see the mother before two weeks if she is having some minor problems, and the family can call you if she needs your help
- **!** Signs that she is in danger (see the box, below)

☞ **Leave time for many questions, but remember, a woman with her first pregnancy may not know what questions to ask. Allow the husband, mother-in-law, or friends to be present during the discussion if the mother prefers. Friends and relatives can be very helpful.**

The following is an outline of information and advice that the mother and to the family need.

**DANGER SIGNS**

_____

***Postpartum woman with any of these signs should be referred to the hospital immediately:***

- ✓ Too much bleeding
- ✓ Fever
- ✓ Abdominal pain or foul smelling lochia

**1. Hygiene**

- **!** The mother's body, her clothing, bedding and surroundings be kept clean, to prevent infection.
- **!** The mother should wash her genital area as described above.
- **!** The mother should change her perineal pad or cloth at least twice a day. Cloths may be reused if washed thoroughly, boiled and dried in the sun. Washing, boiling and sunshine all help to prevent infection.

**2. Rest**

- **!** The mother needs enough rest (sleep during the night and a nap at least once during the day)
- **!** She should return to normal household duties slowly. She should nap or rest during the day as well as at night.
- **!** Not enough rest affects the mother in several ways:

1) Reduces the amount of breast milk that she produces
2) Slows the involution of her uterus and increases her bleeding
3) Causes depression and makes her less able to care for her baby and herself

**3. Exercise**

- **!** Discuss how important it is for the mother to help her body recover from the pregnancy and birth. Muscles of the abdomen and around the uterus and vagina have been stretched and weakened. She can do a few minutes of exercise each day to help them become stronger. This will prevent future problems with back pain (if the abdominal muscles are weak she can not hold her body correctly and this puts a strain on her back), and leaking of urine (from weak pelvic muscles).
- **!** With the exercises it could take 6 months to 1 year for her muscles to be like they were before her pregnancy. These exercises are good for all women to do every day throughout their lives.
- **!** Explain that she can begin gentle exercise shortly after birth, but must be careful not to strain her muscles too much.
- **!** If she becomes dizzy, is very tired or begins to have heavier bleeding, she should stop the exercises. Begin them slowly again after a few days and only do what is comfortable.
- **!** Show the mother the exercises described below and have her demonstrate them back to you.

**THE SQUEEZING EXERCISE**

- Squeeze the muscles around your vagina for five seconds, relax the muscles for three seconds, then squeeze tightly again. Begin with 10 five-second squeezes three times a day.
- You can locate these muscles when you urinate by tightly squeezing to stop the flow of urine. Hold for five seconds, then relax the muscles to let the urine come out.
- Gradually increase until you are doing 30 - 50 five-second squeezes each day.

**EXERCISES FOR THE ABDOMINAL MUSCLES**

- Do these laying on your back with knees bent
- Start by doing five of each exercise each day. Each week increase the number of times you are doing them by five. By the sixth week after delivery, you should be doing each exercise 30 times.

1) **Pelvic tilt**
   - Flatten you lower back against the floor.
   - Tighten your stomach and buttock muscles.
   - Keep breathing as you hold for a count of five.
   - Relax and let your back return to the way it normally curves up.

2) **Deep Breathing**
   - Breathe in deeply with your hand resting on your abdomen. This will make your hand and abdomen rise upward. Hold for a count of five.
   - Breathe out deeply. Your abdomen and hand will fall downward. Pull in your abdominal muscles. Hold for a count of five.

3) **Leg Sliding**
   - Do the" pelvic tilt" position.
   - Keep your back flat while sliding one heel toward your buttock and then the other.
   - Slide up only as far as you can without lifting your back off the floor.
   - Keep trying to come closer to touching your heel to your buttock.

4) **Curl-ups** (Begin after the 1st week)
   - Do the "pelvic tilt" position, breathing in.
   - Tuck in your chin and raise your head.
   - Breathe out and lift your shoulders off the floor.
   - Reaching toward your knees, hold for a count of 5.
   - Breathe in and slowly lower your body to a count of 5.

As your strength and energy increase, you can begin more difficult abdominal sit-ups by:
- Folding your arms over your chest
- And later with your hands behind your head
- Remember to keep your stomach muscles tight and your back pressed to the floor.

**4. Nutrition**

**!** The mother needs to eat well, especially protein and energy foods. She also needs foods that provide minerals and vitamins. Ask the family what foods they have available. Encourage them to offer her plenty of the body building and energy foods. Keep cultural beliefs and practices in mind as you decide what to advise.

**!** The mother should continue taking Iron folate for at least 40 days postpartum to replace any lost blood and make her strong again.

- **!** She should drink fluids every time she breast feeds, because fluids help her body to produce milk.
- **!** She should take the Vitamin A capsule (200,000 units) you gave her, to pass the vitamin to her baby through her breast milk. This will prevent Vitamin A deficiency in her baby and keep him healthy.

**5. Breast feeding**

Breast milk is the perfect food for a baby. It has all the nutrients the baby needs. It is easy for the baby to digest. It gives the baby important protection from infections. It is always fresh, clean and ready to eat.

**Management of Breast Feeding Problems**

Helping the mother to solve minor problems with breast feeding can prevent bigger ones from developing. Mothers start giving other feeds too early because they are worried that they do not have enough breast milk or because breast feeding is painful. Below are some common breast feeding problems with suggestions to help the mother:

## SORE OR CRACKED NIPPLES

If a mother has sore nipples, sit with her and watch the baby attach and feed. **The biggest reason for sore nipples is if she is not holding the baby well or the attachment is poor.** You can help the mother have better attachment. Refer in Exercise 6-3 to **"Getting Breast Feeding Off To a Good Start!"** page 205.

**Sore nipples can be treated by:**

1. Good breast feeding position of the baby and good attachment to the breast. SHOW the mother how to do this.
2. Using other positions, as in the illustrations. SHOW the mother how to do this.



3. Keeping nipples clean and dry (Do not use soap when cleaning nipples.)
4. Rubbing colostrum or breast milk all over each nipple after each feeding
5. Starting a feed with the breast that is not sore or is least sore
6. The mother SHOULD NOT STOP BREAST FEEDING. Only in EXTREME cases can the mother "rest" the problem nipple for 24 hours. Remember it is important to continue to empty the breast that is being "rested" by expressing milk, and give that milk to the baby. SHOW the mother how to express milk.
7. Giving Paracetomol for pain (one 500 mg tablet every four to six hours).

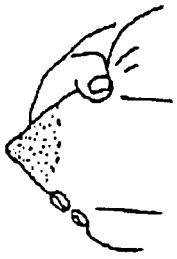
☞ Visit the mother every day until you are certain the nipples are healing.

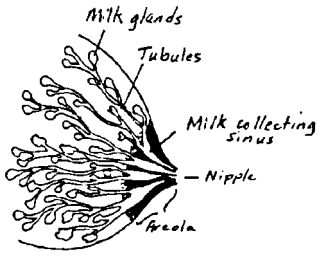
## ENGORGED BREASTS

Many mothers have very full and mildly painful breasts when their milk "comes-in". If the baby nurses at least every two to three hours, the breasts will become softer. ***BUT*** if the breasts are very full, shiny, and painful, then the baby may have trouble attaching and these actions may help:

1. Prepare the very full breast before feeding by:
   Placing hot wet cloths on the breasts for five minutes
   ***or***
   Massaging the breasts from outside towards the nipple

2. Express some breast milk by hand so the nipples are softer before feeding. SHOW the mother how to do this.






   1. Place thumb and index finger OUTSIDE areola area.
   2. Press thumb and index finger in toward body.
   3. Squeeze thumb and index fingers together so milk in reservoir area is "expressed" out.

3. Put cool clothes on breasts after breast feeding (or other traditional technique to cool and make breasts more comfortable after feeding).

4. Breast feed often, at least every two to three hours. If baby is sick or unable to suck, express the milk every two to three hours. Engorged breasts that are not emptied can become infected and an abscess can develop.

5. Advise the mother to sit in a quiet comfortable place, with good support for her arms and back.

☞ **Visit the mother every day until the breasts are no longer engorged and the baby is breast feeding well.**

☞ Visit the mother every day until you are certain the nipples are healing.

## ENGORGED BREASTS

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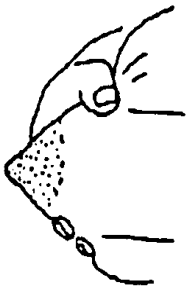

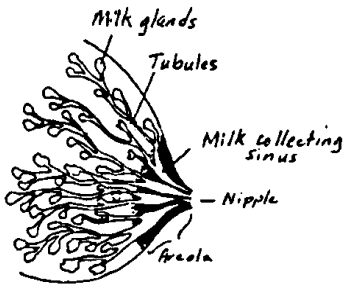


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5. Advise the mother to sit in a quiet comfortable place, with good support for her arms and back.

☞ **Visit the mother every day until the breasts are no longer engorged and the baby is breast feeding well.**

## NOT ENOUGH BREAST MILK

Not enough breast milk can be for "mother" reasons or "baby" reasons, or both. If the mother is exhausted, or not drinking or eating enough, she may not produce enough breast milk. If the baby is allowed to sleep for more than three to four hours at a time, if other feeds are given, or if the breasts are not emptied well at each feeding, then the hormonal "message" to the mother's brain will be "*make less breast milk*." When this happens, a cycle is set up. The baby breast feeds less and the mother makes less breast milk. It is important to explain this principle of "supply and demand" to the mother and her family. **To increase breast milk supply:**

***MOTHER***

1. Encourage the mother to rest more, eat well, and increase fluids (especially water and juice)
2. Sit and watch the mother breast feed her baby and correct any attachment or positioning problems
3. Reassure the mother that she ***CAN*** produce more milk by doing the things you describe

***FOR BABY, MOTHER SHOULD***

4. Feed baby every two hours day and night while trying to increase milk supply (nursing 10-15 minutes per breast)
5. Wake a sleepy baby when it is time to feed
6. Make sure baby is well attached; listen for active "swallowing"
7. Feed baby in a quiet, comfortable place
8. Sleep with the baby next to you in bed
9. Give ONLY breast milk, not other feedings

☞ **Visit the mother at home every day until you are certain that the mother feels she has enough milk.**

☞ **If the breast milk is really not enough, it will take two to four days of effort and practice to increase the breast milk, but it will increase!**

**A BABY IS GETTING ENOUGH BREAST MILK WHEN:**

1. The baby wets at least six times in 24 hours and the urine is clear to pale yellow in color
2. The baby has frequent yellow 'seedy' stools
3. The baby seems contented, with hungry times, quiet awake times, and sleepy times. ***It is NOT a good sign if a baby is sleeping all the time.***
4. The baby feeds at least 10 times in 24 hours
5. The mother's breasts feel soft or empty after a feeding
6. The mother can "feel" the tingling "let-down" sensation when the baby first feeds
7 The mother can hear the quiet little swallowing sounds as the baby swallows
8. The baby is gaining weight

☞ **Record your findings on the mother's postpartum record.**

**PROVIDE SELECTED COUNSELING TO MOTHERS AND FAMILIES WHEN:**

**MOTHER IS NOT BREAST FEEDING**

1. If a mother does not breast feed or stops breast feeding, apply a breast binder (and ice packs if available) for several days.
2. Do NOT give Parlodel. It is no longer recommended.
3. Some traditional medicines may be helpful.

**MOTHER HAS ANEMIA**

1. The mother may need to increase her iron-folate pills from once a day to three times each day after checking with you or a doctor. (Use Antenatal Guidelines for Anemia in *Guide For Caregivers*.)
2. She should get rest, drink nutritious fluids often and eat foods high in iron, especially all types of meat, chicken, fish and organ meats. If they are not overcooked, vegetables including tomatoes, peppers, and pumpkin and fruits all help the body to make use of the iron in the food. (Tea and coffee prevent the body from using the iron in foods. Avoid them.)
3. If she is very tired, can not do her daily activities, or has a poor appetite, she should let you know and you should **refer her.**
4. She should delay/prevent another pregnancy for at least two years and until her body and blood are strong again.

**MOTHER HAD POSTPARTUM HEMORRHAGE**

1. Advise the mother that she is more likely to be anemic or get infections so she needs to eat foods that will increase her blood (see above) and keep herself, her clothing, bedding and environment very clean.
2. Teach her the signs of infection (tender uterus, foul smelling lochia, fever).
3. If she bleeds more than 1 pad per hour she is bleeding too much and should see a midwife.
4. Advise her to regularly check and rub her uterus, drink a lot of fluids and rest often.
5. Advise her to deliver in the hospital from now on, in case she has another postpartum hemorrhage.
6. She should delay/prevent another pregnancy for at least two years and until her body and blood are strong again.

**MOTHER HAD ECLAMPSIA OR SEVERE PREGNANCY INDUCED HYPERTENSION**

1. Make sure the mother and family understand that a convulsion at birth could have caused death of the mother or the baby.
2. Advise that the mother rest, eat well and be alert for too much bleeding or headaches.
3. Any future pregnancy should be cared for at the hospital.
4. Postpartum family planning is very important for this family.

**MOTHER HAD SEPSIS**

1. Infection during pregnancy, delivery or postpartum is very dangerous for the mother and baby. Both the mother and baby should continue to take the antibiotics that were given to them until the pills are finished.
2. Advise the mother to eat nutritious foods including food high in iron, drink, plenty of fluids and take an extra rest every day for six weeks.
3. Advise the mother to call the midwife if the vaginal bleeding becomes more or smells bad, if she feels ill, is hot or has pain in the uterus or abdomen.

**MOTHER HAS DEPRESSION**

1. Many women feel very emotional after giving birth. Some get sad, worried or irritable for a few days, weeks and, in some cases, months.

2. When this happens you can help by explaining that these feelings are common and that they will go away after a while.
3. Although these emotions usually pass after a while, the woman and the family may suffer a lot.
4. It will help for the mother to talk with someone, to have help with the new baby and with any other work or children.
5. It may help to have someone stay with the mother and baby for a while.
6. The midwife can visit more often, take the mother for a walk and offer her acceptance, encouragement and friendship.
7. If the mother is unable to take care of herself or her baby, she needs to go to the hospital.

**MOTHER HAD MISCARRIAGE, STILLBIRTH OR NEWBORN DEATH**

1. A pregnancy loss is usually emotional and traumatic to both the mother and her family.
2. Special care and support are necessary.
3. She may be depressed. Many women believe they are responsible for what happened.
4. Encourage her to express her grief and her concerns. Talk to her and to her family.
5. If the mother had a miscarriage she needs to know that:
   - **!** If she has cramping for more than a few days, bleeding more than 1 pad in an hour, severe abdominal pain, fever or fainting, she needs to go to the hospital as soon as possible
   - **!** She can get pregnant again almost immediately. She must think about whether she wants to become pregnant again soon or wants to wait and begin to use a FP method. If you cannot help her with the method she wants, you should let her know where and how she can get it.

## B. CARE OF THE BABY

Ask the mother questions about the baby because she will notice if something does not seem right. Ask how the baby is breast feeding. A sick baby will not breast feed well. Examine the baby and pay particular attention to any concerns the mother may have. The examination is similar to the baby examination described in Exercise 6 - 3.

***ASK* and *LISTEN*** (History):

| | | | |
|---|---|---|---|
| **!** | Breast feeding | • | *How many times has the baby nursed since sunrise? How many times did he feed during the night?* |
| **!** | Sleep | • | *How much does the baby sleep? (Explain that it is normal for the baby to sleep most of the time in the first two weeks. Slowly, he will stay awake more between feedings. Place the baby in his side or back to sleep, without any pillow.)* |
| **!** | Urination | • | *How often does the baby wet?* |
| **!** | Stool | • | *What color is the stool and how often? (The baby's stools are normal if they are yellow and look "seedy". Explain that the baby's stool can cause infection, so it should be cleaned up and put in a toilet/latrine or buried.)* |
| **!** | Cord | • | *Has there been any discharge from the cord? Is there any smell?* |

***LOOK* and *FEEL*** (Examination):

***Explain*** to the mother what you are going to do. As you do the examination, tell the mother what you find. ***Wash*** your hands. Normal findings should include:

| | | |
|---|---|---|
| **!** | General appearance: | Active when awake |
| **!** | Breathing: | Breathing easily, 40-60 breaths per minute |
| **!** | Temperature: | Skin warm to touch, temperature 36.5-37.2 C |
| **!** | Weight: | A newborn may lose some weight within the first few days after birth (up to 10% of birth weight). However, by the third or fourth day, the baby should begin to gain weight again. By the end of the first week, the baby should weigh at least its birth weight. *Tell the mother how much the baby weighs and reassure her if it is less than the weight soon after birth.* |
| **!** | Head: | "Soft spot" not depressed or bulging |
| **!** | Eyes: | No discharge |
| **!** | Mouth: | Check suck by observing how the baby breast feeds, mucous membranes moist |
| **!** | Skin: | Not yellow (jaundice) or blue (cyanosis) *If you note mild jaundice, explain that the baby needs to breast feed every two hours and the mother must drink a lot of fluids. If the yellow does not go away in two more days, they must let you know about it.* |
| **!** | Cord: | No discharge or foul smell. The cord stump should fall off by the visit at 2 weeks after birth. *Explain that until the cord falls off, it can get infected, so they should continue cleaning the cord with alcohol and keep it dry until it falls off (in a few days). The baby may be put in water after the cord has healed. They should let you know if there is any redness, discharge or bad smell.* |

***Wash your hands*** when finished with the examination.

***IDENTIFY PROBLEMS / NEEDS***

As you ***ASK* and *LISTEN*** and ***LOOK* and *FEEL***, you will be looking for signs of problems in the baby. The baby may be sleeping, but should be breathing easily, have pink body, and be warm to the touch. When awake, the baby should have a good suck and a strong cry.

***TAKE APPROPRIATE ACTION***

Here is a summary of the information the mother and family should understand by the end of your visit:

1. **Hygiene**
   - **!** Bathe a newborn every other day (If the cord is still attached, do not wet it.)

- **!** Each time a baby urinates or passes stool, wash the perineal area with soap and water and dry well
- **!** A baby's stool may cause infection so it should be cleaned up and the stool disposed of safely

2. **Breast feeding -- is the baby getting enough?**
   - **!** The baby should nurse at least every 2 to 3 hours, even during the night
   - **!** The baby should wet at least six times in 24 hours and the urine should be clear to pale yellow in color
   - **!** The mother should exclusively breast feed. The baby does not need any other food or water. Mother's breast milk gives him everything he needs now and until he is four months old.

3. **Sleep**
   - **!** For about two weeks after birth, many newborns sleep most of the time Slowly, the baby starts to stay awake more between feedings
   - **!** Place the baby on his side or back to sleep (do not use a pillow)
   - **!** A baby should sleep out of drafts but with some fresh air

4. **Cord stump**
   - **!** Until the umbilical cord dries and falls off, it can be a site of infection so the area around the umbilical cord should be kept clean and dry
   - **!** Clothing can cause irritation and infection
   - **!** The mother should gently clean around the cord daily with alcohol
   - **!** After the cord falls off, wash the area with soap and water when bathing
   - **!** Ask the mother to tell the midwife if the cord has a bad smell, redness around the cord, or has serous discharge

5. **Jaundice**
   - **!** If the baby is a little yellow, breast feed every two hours. The mother must also drink lots of fluids.
   - **!** If the jaundice does not begin to go away in two days or the baby's eyes, body, soles of feet or palms of hands are very yellow, refer

6. **Immunizations**
   - **!** Within the first week, give the baby:
     1) BCG to prevent tuberculosis
     2) Oral polio vaccine
     3) Hepatitis B vaccine

☞ **Record your findings on the baby's postpartum record.**

## WRITE RESPONSES TO THE FOLLOWING:

You are visiting Ibu Susy three days after her delivery. Her examination is normal, but she is complaining about breast engorgement.

1. What advice and information will you give Ibu Susy to help her with breast engorgement?

2. What are two important things Ibu Susy must understand about:

   Hygiene

   1)

   2)

   Rest

   1)

   2)

   Nutrition

   1)

   2)

3. What will you expect to find when you examine Ibu Susy's baby at this visit:

   Skin

   Cord

   Eyes

   Weight

4. What counseling will you give Ibu Susy for her baby at this visit about:

   Hygiene

   Breast feeding

   Care of the cord

**Compare your responses to the information in Exercise 6-4**

## EXERCISE 6-5
## POSTPARTUM CARE OF THE MOTHER AND BABY AT TWO WEEKS AFTER BIRTH

This exercise discusses the care and advice you will provide at the postpartum visit two weeks (14 days) after birth. You must continue to assess the mother and baby for problems. Encourage the mother to continue to take iron folate pills for 40 days after delivery. Check that she has taken her Vitamin A capsule. You should also begin to discuss prevention of pregnancy and reproductive tract infections with the woman and her husband. You need to encourage the mother to exclusively breast feed and to take the baby for growth monitoring and immunizations.

## A. CARE OF THE MOTHER

Ask the mother questions and examine her to check that she is well, her uterus is involuting normally, breast feeding is going well, and to identify any problems she is having. During your conversation, provide more information and give appropriate advice. Remember to explain ***why*** she needs to do each thing you advise. Be sure it makes sense to her and that she is able to do it. The examination of the mother at this visit is similar to that described in EXERCISE 6-3.

***ASK* and *LISTEN*** (History)

| | | |
|---|---|---|
| **!** | General condition | • *How are you feeling today? Do you have any problems or concerns?* |
| **!** | Rest and sleep | • *Have you been able to rest and sleep? If not, why?* |
| **!** | Diet and fluids | • *What have you eaten today (or yesterday if you visit in the morning)? Are you taking fluids every time you breast feed?* |
| **!** | Any fever | • *Have you felt chilled or very hot?* |
| **!** | Bowel and bladder action | • *When was the last time you urinated? Do you feel like you have to urinate often? Do you feel pain or burning when you urinate? When did you have a stool? Are your bowel movements normal?* |
| **!** | Uterine discomfort | • *Have you felt any pain in your uterus/lower abdomen?* |
| **!** | Lochia/discharge | • *How often do you need to change your perineal pad or cloth? What color is the discharge? Does it smell bad?* |
| **!** | Any perineal pain | • *Where is the pain(location)? Can you describe the pain (strong, constant, only happens when you urinate)?* |
| **!** | Breast feeding | • *Are you having any discomfort in your breasts (tenderness, pain, hot area)? Are your nipples sore or cracked? Do you have enough milk to satisfy the baby?* |
| **!** | Feelings about her baby | • *How do you feel about caring for the baby? Do you have any problems or questions? Is she happy she has her baby, or is her baby a "bother"?* |

| | | |
|---|---|---|
| **!** | Understands newborn care | • *Do you feel comfortable holding and bathing the baby, and changing its diapers?* |
| **!** | Signs of depression | • *Does she appear to feel sad or worried about anything?* |
| **!** | Taking medications | • *Are you taking iron folate? Remind her she needs to continue taking it for 40 days. Did you take the Vitamin A capsule?* |
| **!** | Family planning needs | • *What method have you used before? Were you happy with the method? If not, why? How many more children would you like to have? If you want to have another child, how long do you want to wait to become pregnant? Do you have sex often?* |

**LOOK and FEEL** (Examination)

***Explain*** to the mother what you are going to do. ***Wash*** your hands and use ***gloves***. As you examine her, explain to the mother what you find and give appropriate advice and information. Normal findings should include :

| | | |
|---|---|---|
| **!** | Relationship with baby: | Does the mother appear to enjoy physical contact with her baby? Does she use her full hand in touching the baby (not just the fingertips)? When feeding or holding the baby are she and the baby turned toward each other? Does she make eye contact with her baby? |
| **!** | Vital signs: | Temperature, pulse, and blood pressure normal *Tell the mother what you have found. Remind her to let you know if she has a fever, because it could be a sign of infection.* |
| **!** | Breasts: | Soft and full, nipples not cracked or sore (If problems, see the section on Breast Infection, below.) *Remind the mother the more the baby sucks, the better her milk supply will be.* |
| **!** | Uterus: | Firm, at almost a nonpregnant size and not tender *Tell the mother what you have found.* |
| **!** | Lochia: | Pinkish, decreasing in amount, and no foul smell (If problems, see the section on RTIs, below.) |
| **!** | Perineal area: | Clean, healed |

***Remove gloves*** and ***wash your hands*** when finished with the examination.

***IDENTIFY PROBLEMS / NEEDS***

As you ***ASK* and *LISTEN***, ***LOOK* and *FEEL*** and talk with the mother, watch for signs of problems. The mother should not be too tired. She should be caring for herself and the baby. The mother should not have excessive bleeding or signs of infection (fever, tender abdomen or foul smelling lochia).

***TAKE APPROPRIATE ACTION***

At this visit, arrange for a private conversation with the mother and her husband, if possible. The mother needs support and cooperation from the husband. He should be aware of this advice and understand the reasons for it.

- **!** Discuss how she may return to a healthy nonpregnant state most quickly (Stress the mother's need for adequate rest, healthful food and exercise.)
- **!** Discuss why she should continue to take iron-folate pills for 40 days
- **!** Discuss ways to prevent pregnancy and reproductive tract infections (see 3. Family Planning, below.)
- **!** Plan to come back and see the mother and family before the six weeks' visit if you think the mother is having any problems or seems uncertain about the information you have provided
- **!** Remind the mother and her family to continue watching for the danger signs, and to inform you immediately if she has:

**DANGER SIGNS**

***Postpartum woman with any of these signs should be referred to the hospital immediately:***

- ✓ Too much vaginal bleeding
- ✓ Fever
- ✓ Abdominal pain or foul smelling lochia

- **!** You may need to repeat some the information given at previous visits (see Exercise 6-4).

☞ **Leave time for many questions, but remember, a woman with her first pregnancy may not know what questions to ask. Allow the husband, mother-in-law, or friends to be present during the discussion if the mother prefers. Friends and relatives can be very helpful.**

The following is information and advice that may be needed at this visit, depending on what you find. **It is important to discuss family planning at this time.**

1. **Breast Infection** (Mastitis)

   If a woman's breast has a painful, hot, red area or lump, she may have a breast infection.

- **!** Tell her to breast feed her baby frequently and give the baby the sore breast first. She ***WILL NOT*** infect the baby.
- **!** She needs to rest and drink plenty of fluids.
- **!** She can place hot clean wet cloths on the sore breast before and after she feeds

☞ **Visit this mother every day until she is better. If she does not get better in two days or if she develops a fever *REFER TO GUIDE FOR CAREGIVERS.***

2. **Reproductive Tract Infections** (RTI)

These are diseases that may pass from one person to another during sexual relations. Some common infections are gonorrhea, chlamydia, trichomonas, syphilis, chancroid, herpes, and AIDS. Women who have just delivered a baby may become infected from a RTI that they had at the time of delivery Babies can also become infected through their mother's blood and when they pass through the mother's vagina.

A woman should be advised to get treatment as soon as possible, if she thinks she or her baby is infected. Signs of infection in the mother include vaginal discharge that has a bad odor or that causes irritation or pain, sores in or around the vagina, or lower abdominal pain with fever. Sign of infection in the baby is eye discharge. To help prevent reproductive tract infections, woman/couples can use a condom.

3. **Family Planning**

Having sex (intercourse) should be delayed until 40 days postpartum if possible. While it is better to have complete healing before having sex, if it is not possible to wait, a couple should use protection to prevent an unwanted pregnancy. Ideally, a couple should wait at least 2 years before the woman becomes pregnant again.

Every couple must decide for themselves if and how they want to plan their family. No one can decide for them. However, midwives can help couples plan their families by teaching them about ways to prevent unwanted pregnancies. Most family planning methods can be started two weeks after delivery.

Usually women produce an egg (ovulate) before they have their first monthly bleeding after delivery. There is no way to tell when this first ovulation will happen. A family planning method is needed before the first monthly period returns to prevent another pregnancy.

☞ **A woman ovulates and can become pregnant before her first monthly bleeding after delivery**

Even though some family planning methods have risks that women have heard about, using a family planning method to prevent pregnancy is safer than pregnancy and childbirth. The risk of serious illness or death because of pregnancy is many times greater than the risks with any family planning method.

☞ **Women who are less than 18 or older than 35 years, have babies very close together (sooner than 2 years), or have more than 4 babies are at a greater risk for health problems and even death. Their babies are also in greater danger of becoming ill and dying.**

***ASK* and *LISTEN*** (History)

You already talked with the woman about her family planning history and needs during the antenatal visits. Now you must talk with the woman/couple in detail to assist them to make a decision about family planning, see the ***Family Planning Counseling Skill Checklist in Guide For Caregivers.***

**Step 1:** The first step is to decide together which methods are most appropriate for the woman based upon her personal needs. Focus only on the methods that are available in your area. You can use the questions in the chart below on "Choosing the Best Family Planning Method" for this.

## CHOOSING THE BEST FAMILY PLANNING METHOD

| Personal Needs | You Might Prefer | You Should Avoid |
|---|---|---|
| You have used a method in the past and were happy with it. | That method that you are already familiar with and know how it affects your body | That method if there are reasons listed below that it is no longer appropriate |
| You would like to have another child within the next 2 to 4 years. | Male or female condoms, diaphragm, natural method, or pill | IUD, injections, implants |
| You do not want any more children. | Sterilization, IUD, injections, implants | Natural methods, barrier methods |
| You do not want to have to remember to do anything. | IUD, implants, injections | Birth control pill, natural methods |
| Your partner is not willing to take an active role in family planning. | Pill, IUD,, implants, injections, female condom, diaphragm | Male condoms, natural methods |
| No matter what you say, your partner does not want you to use family planning. | Injections, IUD | Barrier methods, pill, natural methods, possibly implants |

| Personal Needs | You Might Prefer | You Should Avoid |
|---|---|---|
| You have problems with high blood pressure, severe headaches, or medical problem that requires continual medication. | Barrier methods, IUD | Any hormonal method |
| You feel embarrassed to touch your vagina. | Hormonal methods, male condoms | Diaphragm, female condoms |
| You do not feel comfortable asking your partner to avoid having sex for a period of time. | IUD, hormonal methods | Barrier methods, natural methods |
| You are concerned that your partner has had sex with others and may infect you with STDs. | Male or female condom, or other methods combined with condoms | IUD, hormonal method |
| You have more than one sex partner or have had STDs. | Male or female condom | IUD |
| You have sex quite often (several times a week). | IUD, hormonal methods | Barrier methods, natural methods |
| You have sex not very often. | Barrier methods, natural methods | IUD, hormonal methods |

**Step 2:** For step two look at the next three charts. They will give you more information on family planning methods that are most appropriate for a breast feeding woman. Notice that the first chart (pages 230-235) lists the methods by first, second and third choice. For women who are breast feeding the first choice methods are strongly advised (contain no hormones), and the second choice methods are acceptable (contain only the hormone progestin). The third choice method (contains both estrogen and progestin) is not advised because the estrogen in the combined pill can reduce a mother's milk supply. Also, the long term effects of the estrogen passing to the baby through the breast milk are not known. The second chart (page 236) tells you when family planning methods can be started. And finally, the third chart (page 237) explains LAM Method.

# FAMILY PLANNING METHODS FOR A BREAST FEEDING WOMAN

| METHOD | EFFECTIVENESS | HOW PREVENTS PREGNANCY | ADVANTAGES | DISADVANTAGES | INSTRUCTIONS TO PATIENT |
|---|---|---|---|---|---|
| **FIRST CHOICE: NON-HORMONAL METHODS** | | | | | |
| LAM | 98% | Delays ovulation | 1. Does not interfere with breast feeding<br>2. Inexpensive<br>3. Easy to use | If instructions are not followed carefully, the mother can ovulate and become pregnant | Use only if:<br>1. Baby is less than six months old<br>2. Mother gives *ONLY* breast milk to baby<br>3. Mother breast feeds baby whenever it is hungry (at least 10 times in a day and at least once at night)<br>4. Breast feeds must not be further apart than six hours<br>5. Mother has not yet started her menses<br>Using another method *WITH* this method can give the mother extra protection against pregnancy |
| Condom | 88%* | Keeps sperm from entering vagina | 1. Does not interfere with breastfeeding<br>2. Inexpensive and easy to get<br>3. Good extra protection when starting a new method<br>4. Helps protect from RTI's | 1. Must be used each time of intercourse<br>2. Some people are allergic to latex or rubber in condom<br>3. Less effective than other methods (if used with other method such as spermicide effectiveness increases) | 1 Put condom on erect penis *BEFORE* inserting it into the vagina<br>2. Wait until vagina is wet before entering (dry vagina can tear condom)<br>3. Do not use petroleum jelly for lubrication - it causes rubber to weaken<br>4. Roll the condom all the way to the base of the erect penis<br>5. Leave 1 ½ cm empty space at tip of condom<br>6. Take penis out of vagina while still hard (so condom will not fall off inside vagina)<br>7. While taking penis out hold rim of condom to prevent spilling<br>8. Remove condom and throw away safely<br>9. Store condoms in a cool, dry place (heat causes rubber to weaken) |

| METHOD | EFFECTIVENESS | HOW PREVENTS PREGNANCY | ADVANTAGES | DISADVANTAGES | INSTRUCTIONS TO PATIENT |
|---|---|---|---|---|---|
| **FIRST CHOICE: NON-HORMONAL METHODS (CONT.)** | | | | | |
| Spermicide | 79% | Kills sperm that enter vagina | 1. Does not interfere with breastfeeding<br>2. Gives extra wetness during intercourse<br>3. Increases effectiveness of condoms<br>4. Helps protect from RTI''s | 1. Must be used each time of intercourse<br>2. Some people are allergic to spermicide<br>3. Less effective than other methods (if used with other method such as condoms effectiveness increases) | 1. Use the method each time you have intercourse<br>2. Wash hands before inserting<br>3. If foam is used - it is effective immediately.<br>4. If tablet, cream or jelly is used, wait 10 minutes for it to warm and cover vagina<br>5. If the man ejaculates more than once, new spermicide must be inserted each time<br>6. Do not wash out vagina for 8 hours after intercourse |
| IUD | 99% | Prevents sperm from meeting the egg | 1. Does not interfere with breastfeeding<br>2. Very effective<br>3. Easy to use<br>4. Do not need to remember to use it before intercourse<br>5. Good if woman wants no more children<br>6. Long-acting - can keep some IUD's in for up to 8 years | 1. Does not protect from RTI's<br>2. Should not be used by women who are at high risk to get RTI's<br>3. Can make infections in the uterus worse, which can make it hard to get pregnant later | 1. You must be sure you are not pregnant before IUD is inserted<br>2. It is helpful to have a family member or friend go with you when you have the IUD put in<br>3. An IUD can fall out<br>4. You should check the string in your vagina often to make sure the IUD is still there<br>5. May increase menstrual bleeding and cramping during menses and cause spotting between menses (not for all women)<br>6. If you miss a menses see a midwife or doctor right away<br>7. If you think you have a RTI, you should see a bidan or doctor right away |

| METHOD | EFFECTIVENESS | HOW PREVENTS PREGNANCY | ADVANTAGES | DISADVANTAGES | INSTRUCTIONS TO PATIENT |
|---|---|---|---|---|---|
| **FIRST CHOICE: NON-HORMONAL METHODS (CONT.)** | | | | | |
| Sterilization (Female) | Almost 100% | Closes a woman's tubes so sperm cannot meet her egg | 1. Does not interfere with breastfeeding<br>2. Most effective female method and effective immediately<br>3. Once operation done, no other protection needed<br>4. Does not interfere with intercourse | 1. Does not protect from RTI''s<br>2. Needs a surgical procedure<br>3. Small possibility of surgical complications | 1. You need to be completely sure you want no more children, because it is a *PERMANENT* method<br>2. It is helpful to have a family member or friend go with you when you have the surgery<br>3. You should rest for at least 2 days after the operation (arrange for someone to help you at home) and only do light work from days 2 - 7<br>4. No intercourse for one week after the operation<br>5. If you ever think you are pregnant after the operation, you should see a doctor right away |
| Sterilization (Male) | Almost 100% | Closes a man's tubes so sperm cannot pass to a woman to meet her egg | 1. Does not interfere with breastfeeding<br>2. Less expensive than female sterilization<br>3. Most effective male method<br>4. Can be done at any time<br>5. It is a simple and safe operation | 1. Does not protect from RTI''s<br>2. Needs a surgical procedure<br>3. Small possibility of surgical complications<br>4. May have some pain, swelling or bruising in the scrotal area for a few days after surgery | 1. You need to be completely sure you want no more children, because it is a *PERMANENT* method<br>2. After the operation you should still use a condom for the first 10 times you have sex (because some sperm may be left in the tubes)<br>3. The operation has *NO EFFECT* on a man's sexual ability or pleasure<br>4. Do not put any pressure on the scrotum and rest for 2 - 3 days after the operation (do not ride a bike or take any long walks for that time) and do no hard work for one week<br>5. Do not shower or bathe genital area for 2 days after vasectomy |

| METHOD | EFFECTIVENESS | HOW PREVENTS PREGNANCY | ADVANTAGES | DISADVANTAGES | INSTRUCTIONS TO PATIENT |
|---|---|---|---|---|---|
| **SECOND CHOICE: PROGESTIN ONLY METHODS** | | | | | |
| Mini Pills | 90.4 - 98%<br><br>Almost 100% in women who are breast feeding | Prevents the making and release of an egg<br><br>Closes cervix with thick mucus | 1. No negative effects on breast feeding, breast milk, or infant growth<br>2. Effectiveness greater in a woman who is breast feeding<br>3. May have less bleeding and cramps with menses<br>4. No "estrogen" effects like headaches or high blood pressure<br>5. Can be used by women who have problems taking pills with estrogen | 1. Need to remember to take a pill every day<br>2. Very important to take the pill *AT THE SAME* TIME every day (or you may have a greater chance to release an egg)<br>3. May cause irregular or no menses and spotting between menses<br>4. Not as effective as many other methods<br>5. Does not protect from RTI's | 1. Need to take pills *AT THE SAME TIME* every day<br>2. Need to take pills every day - never miss a day<br>3. Use a back-up method:<br>a. During first 7 days on pill<br>b. While having vomiting or diarrhea and for 48 hours after it stops<br>4. If you miss:<br>a. *ONE PILL*<br>1) Take pill you missed immediately<br>2) Take pill for that day at the regular time<br>e) Use a back-up method for 48 hours<br>b. *TWO OR MORE PILLS*<br>1) Take two pills for two days<br>2) Use a back-up method for 7 days<br>3) If your menses does not start in 4 - 6 weeks see midwife or doctor for a pregnancy check<br>5. If postpartum, you should think about changing to a combined (estrogen and progestin) pill at 6 months<br>6. Contraceptive effect stops as soon as you stop pills<br>7. If you want to get pregnant, wait 2 - 3 months after stopping pills (while you use another method) |

| METHOD | EFFECTIVENESS | HOW PREVENTS PREGNANCY | ADVANTAGES | DISADVANTAGES | INSTRUCTIONS TO PATIENT |
|---|---|---|---|---|---|
| **SECOND CHOICE: PROGESTIN ONLY METHODS** | | | | | |
| Injectables | 99.2% | Prevents the making and release of an egg<br><br>Closes cervix with thick mucus | 1. No negative effects on breast feeding, breast milk, or infant growth<br>2. Very effective<br>3. Long-acting (shot every 3 months)<br>4. Easy to use<br>5. Can be used by women who have problems taking pills with estrogen<br>6. Does not interfere with intercourse<br>7. Good for women who are older or do not want more children | 1. Does not protect from RTI's<br>2. After stopping, may not release an egg for 9 - 12 months<br>3. May cause irregular menses or no menses<br>4. May cause increase appetite and weight gain | 1. Use back-up method for 2 weeks after first injection<br>2. Return for another injection every 3 months<br>3. Side-effects are not the same in every woman but can include: change in menstrual pattern (irregular menses, no menses, spotting between menses), acne, appetite increase and weight gain<br>4. Because ovulation can be delayed after stopping method for 9 - 12 months, *MAY TAKE LONGER TO GET PREGNANT* |
| Norplant | 99.8% in year one<br><br>Decreases to 98.9% by year five | Prevents the making and release of an egg<br><br>Closes cervix with thick mucus | 1. No negative effects on breast feeding, breast milk, or infant growth<br>2. Very effective<br>3. Long-acting (5 years)<br>4. Easy to use<br>5. May have little or no menses<br>6. Can be used by women who have problems taking pills with estrogen<br>7. Does not interfere with intercourse<br>8. Good for older women and women who do not want more children<br>9. No delay in ovulation return after stopping method | 1. Does not protect from RTI's<br>2. More expensive at first<br>3. May cause irregular menses or no menses<br>4. May cause increase appetite and weight gain<br>5. Needs small surgical procedure to put in and take out | 1. Effective by 24 hours after insertion<br>2.. Side-effects are not the same in every woman but can include: change in menstrual pattern (irregular menses, no menses, spotting between menses), acne, breast tenderness, appetite increase and weight gain<br>3. If you get pain at the site of the implants - see a midwife or doctor<br>4. Need to have removed after 5 years |

| METHOD | EFFECTIVENESS | HOW PREVENTS PREGNANCY | ADVANTAGES | DISADVANTAGES | INSTRUCTIONS TO PATIENT |
|---|---|---|---|---|---|
| **THIRD CHOICE: ESTROGEN AND PROGESTIN** | | | | | |
| Combined Pills | 95.3 - 99.9% | Prevents the making and release of an egg | 1. Many have less bleeding and cramps with menses<br>2. Does not interfere with intercourse<br>3. Very effective<br>4. Easy to use | 1. Can reduce how much breast milk a woman makes<br>2. Hormones do pass to baby through breast milk<br>3. Need to remember to take a pill every day<br>4. Does not protect from RTI's<br>5. Expensive for some women<br>6. Possible side effects such as nausea, headache, increase in blood pressure, spotting between menses, weight gain, or depression | 1. Use a back-up method for the first month you use pills<br>2. Take one pill every day (if you have a 28 pill pack) at the same time<br>3. Use a back-up method while having vomiting or diarrhea and for 48 hours after it stops<br>4. If you miss:<br>a. *ONE PILL*<br>1) Take pill you missed immediately<br>2) Take pill for that day at the regular time<br>3) Use a back-up for the rest of the month<br>b. *TWO PILLS*<br>1) Take two pills for two days<br>2) Use a back-up for the rest of the month<br>c. *THREE PILLS*<br>1) Take two pills for three days<br>2) Use a back-up for the rest of the month<br>3) Think about if you should use another method if you have trouble remembering to take pills<br>5. Contraceptive effect stops soon after you stop pills<br>6. If you want to get pregnant, wait 2 - 3 months after stopping pills (while you use another method) |

## WHEN FP METHODS CAN BE STARTED FOR A POSTPARTUM BREAST FEEDING WOMAN:

| METHOD | DELIVERY | 2 WEEKS | 6 WEEKS | 6 MONTHS |
|---|---|---|---|---|
| **FIRST CHOICE (No Hormones)** | | | | |
| LAM | ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ | | | |
| CONDOM | ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ | | | |
| SPERMICIDE | ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ | | | |
| IUD | ⇨⇨⇨ | | ⇨⇨⇨⇨⇨⇨⇨ | |
| STERILIZATION | ⇨⇨⇨ | | ⇨⇨⇨⇨⇨⇨⇨ | |
| **SECOND CHOICE (Progestin Only)** | | | | |
| MINI PILL | | ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ | | |
| INJECTABLE | | ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ | | |
| NORPLANT | | ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ | | |
| **THIRD CHOICE (Estrogen and Progestin)** | | | | |
| COMBINED PILL | | | | ⇨⇨⇨ |

☞ **A couple need to wait until 6 months after delivery to use combined pills (estrogen and progestin) so the amount of breast milk the mother produces is not decreased. However if progestin-only pills or other methods are not available, combined pills can be started by 4 months after birth.**

**LACTATIONAL AMENORRHEA METHOD (LAM)**

LAM is a family planning method that uses breast feeding to prevent pregnancy during the first six months after birth and before the return of menstruation. ***All of the following must be true for this method to work:***

**LAM WILL WORK ONLY IF :**

1. The baby is less than six months old
2. The mother gives ***only*** breast milk to the baby
3. The mother breast feeds the baby whenever it is hungry, at least 10 times during 24 hours with at least one feed during the night
4. Breast feeds are not further apart than six hours
5. The mother has not yet started her monthly menses

Breast feeding can be a very effective family planning method in the first six months after birth. If 100 women used this method faithfully during the first 6 postpartum months, only 2 would become pregnant. However, breast feeding women who are sure that they do not want to get pregnant or who do not follow ***all the conditions of LAM*** should use some other method as well.

☞ **As soon as other feeds are introduced, LAM cannot be used and another method of family planning (such as pill, Depo Provera, IUD, Norplant, barrier, or sterilization) *MUST* be used.**

***LOOK* and *FEEL*** (Examination)

If you are going to provide a method to the mother / couple you will need to review the information you have already collected from your examination. Are there any conditions in the mother that could prevent her from using a particular method (such as high blood pressure that may be affected by any method containing estrogen).

***IDENTIFY PROBLEMS / NEEDS***

With the information you have from ***ASK* and *LISTEN*** (History) and ***LOOK* and *FEEL*** (Examination) you can make a decision together with the woman / couple on the best method for her.

***TAKE APPROPRIATE ACTION***

1. Counsel the woman / couple about the method they have chosen. Ask her to repeat:

   - **!** How it prevents pregnancy and its effectiveness
   - **!** Advantages
   - **!** Disadvantages
   - **!** Side effects
   - **!** How to use the method
   - **!** When the method can be started for a postpartum, breast feeding woman

2. Provide the family planning method the woman / couple have chosen, or advise them on where they can go to get the method.

3. Make sure the woman / couple understand how to use the method they have chosen by repeating the information back to you. Answer any questions they may have.

4. Plan follow-up at the 6 week postpartum visit, or sooner if there are questions or problems.

5. Document results on the postpartum record.

☞ **Record your findings on the mother's postpartum record.**

## B. CARE OF THE BABY

Ask the mother questions about the baby. She will notice if something does not seem right with the baby. Ask about how the baby is breast feeding. A sick baby will not breast feed well. The midwife also needs to examine the baby and pay particular attention to any concerns that the mother may have. The examination is similar to the baby examination described in Exercise 6-3. Explain and give the mother information as you work.

***ASK* and *LISTEN*** (History):

| | | |
|---|---|---|
| **!** | Breast feeding | • *How often does the baby feed? (He should nurse at least every two to four hours, even during the night.)*<br>• *How often does he wet? (If he is drinking enough, he should wet six to eight times a day.)*<br>• *Is the baby taking anything besides breast milk? (He should only be receiving breast milk. He should not have water, other milk or even a pacifier.)* |
| **!** | Sleep | • *How much does the baby sleep at night and during the day?* |

| | | | |
|---|---|---|---|
| **!** | Stool | • | *What color is the stool? How often does the baby have stool?* |
| **!** | Immunizations | • | *Did the baby get immunizations (BCG, oral polio, Hepatitis B)?* |

***LOOK* and *FEEL*** (Examination):
***Explain*** to the mother what you are going to do. ***Wash*** your hands. As you examine the baby, tell the mother what you find. Normal findings should include:

| | | |
|---|---|---|
| **!** | General appearance | Active when awake |
| **!** | Breathing | Breathing easy |
| **!** | Temperature | Skin warm to touch, temperature 36.5-37.2 C |
| **!** | Weight | More than at birth *Explain that weight gain tells us he is getting enough breast milk.* |
| **!** | Head | "Soft spot" not depressed or bulging |
| **!** | Eyes | No discharge |
| **!** | Mouth | Check suck by observing how the baby breast feeds, mucous membranes moist |
| **!** | Skin | Not yellow (jaundice), blue (cyanosis), or dry |
| **!** | Cord | Off by 2 weeks after birth; no redness, discharge or odor |

***Wash your hands*** when finished with the examination.

***IDENTIFY PROBLEMS / NEEDS***
As you ***ASK* and *LISTEN*** and ***LOOK* and *FEEL,*** check for signs of problems in the baby. The baby may be sleeping, but should be breathing easily, have a pink body, and be warm to the touch. When awake, the baby should suck well and have a strong cry. He should be gaining weight. He should not have any of the danger signs.

**DANGER SIGNS**

***A baby with any of these signs needs to be referred to doctor:***

- ✓ Poor feeding or sucking
- ✓ Vomiting with distended abdomen
- ✓ Lethargy
- ✓ Any unusual behavior or cry
- ✓ Fever or hypothermia
- ✓ Eye discharge
- ✓ Severe jaundice
- ✓ Persistent vomiting
- ✓ Blueness of the lips or skin (cyanosis)
- ✓ Watery or dark green stools with mucus or with blood

***TAKE APPROPRIATE ACTION***

As you asked the mother questions and examined the baby, you gave her information and advice. Let her know that you want her to inform you if she feels something is not right with the baby. You may need to repeat some the information given at previous visits (see Exercise 6-4).

### Immunizations

If the baby is not yet immunized, encourage the mother and her family to take him for the first three immunizations:

1) BCG to protect him from tuberculosis (TB)
2) Oral polio vaccine to protect him from crippling polio
3) Hepatitis B vaccine to protect him from this disease that causes jaundice and damages the liver

☞ **Record your findings on the baby's postpartum record.**

## WRITE RESPONSES TO THE FOLLOWING:

You are visiting Ibu Susy and her baby 2 weeks after she has delivered.

1. List six questions that you would ask Ibu Susy at this visit.

   1)

   2)

   3)

   4)

   5)

   6)

2. Ibu Susy is complaining that she does not have enough milk. How will you determine if Ibu Susy has enough milk?

3. What advice will you give Ibu Susy to help her produce more milk?

4. What do you expect to find when you examine Ibu Susy's baby at this visit? What will you explain or advise about each?

Weight

Cord

Eyes

Skin

**Compare your responses to the information in Exercise 6-5**

## EXERCISE 6-6
## POSTPARTUM CARE 6 WEEKS AFTER DELIVERY

The mother and baby should be assessed at this time to:

1. Confirm that the mother's reproductive organs have returned to the nonpregnant state

2. Make sure lactation is well established, and the baby is gaining weight

3. Assess relationship between mother and baby

**Assessing the Mother/Baby Relationship**

To make sure the mother is relating well to and caring for her child, look and listen:

- **!** How does she talk about the baby (lovingly or as if he is a bother)?
- **!** Does she have physical contact with the baby? Watch the way she handles her baby. Mothers that have not bonded tend to use fingertips instead of full hands when touching or feeding the baby.
- **!** Are the mother and baby turned toward each other?

4. Initiate family planning and/or family planning counseling, if not already done. If the mother is using LAM, remind her that the baby should feed ten times in 24 hours with one of these feeds at night

5. Encourage attendance at under-five clinic for growth monitoring and immunizations. The baby needs to get first DPT at 2 months, the second DPT 1-2 months later, and measles at 9 months

The history (***ASK* and *LISTEN***) and examination (***LOOK* and *FEEL***) for the mother and the baby are the same as at the previous visits. Remember to tell the mother what you find. Explain the reason for each piece of advice you give her. Follow the skill checklist for 6 week postpartum visit for both mother and baby and for family planning counseling.

## EXERCISE 6-7
## RECORD KEEPING

***Notification of Birth*** is required by most local authorities. In some areas it is the responsibility of the midwife only, in others of the father. The midwife should find out what the practice is in her area and act accordingly. The information usually required is:

1. Mother's name
2. Father's name
3. Address
4. Date and time of delivery
5. Sex of the baby
6. Midwife's name

The **"Postpartum Care Record"** is used by the midwife to follow the progress of a woman and her baby. The midwife cares for the mother and the baby immediately after and within 6 hours after the birth, at three days, at two weeks, and at six weeks following delivery. It is important to record findings and the care given. On the next two pages is an example of a "Postpartum Care Record" that can be used for both the mother and baby.

# POSTPARTUM CARE

| | | | |
|---|---|---|---|
| MOTHER BIRTH | Name _____ | G / P / AB _____ | Delivery : Date _____ Time _____ |
| INFORMATION | Place of Delivery _____ | | Perineum : (Circle one) Intact /Episiotomy /Laceration |
| | Complications : _____ | | |

**MOTHER POSTPARTUM CARE RECORD**

| PROCESS | | Visit #1 (6-12 HRS) | Visit #2 (3 DAYS) | Visit #3 (2 WEEKS) | Visit #4 (6 WEEKS) |
|---|---|---|---|---|---|
| DATE + TIME | | | | | |
| ASK/LISTEN | General | | | | |
| | Bleeding | | | | |
| | Food | | | | |
| | Bladder | | | | |
| | Other | | | | |
| LOOK/FEEL | Vital signs (P, BP, T) | | | | |
| | Breasts | | | | |
| | Uterus | | | | |
| | Lochia | | | | |
| | Perineum | | | | |
| | Other | | | | |
| IDENTIFY<br><br>PROBLEMS/NEEDS | | | | | |
| TAKE ACTION | Counseling (Circle topics when done at visit) | Danger signs<br>Hygiene<br>Nutrition<br>Breast feeding<br>Other: | Danger signs<br>Hygiene<br>Rest<br>Nutrition<br>Exercises<br>Breast feeding<br>Other: | Danger signs<br>Breast feeding<br>Reproductive tract<br>Infections<br>Family planning<br>Other: | Family planning<br>Other: |
| | Other Action | | Iron folate tabs # _____<br>Vitamin A capsule<br>200. 000 units _____ | | |
| | Referral | | | | |

BABY BIRTH INFORMATION

Name _____ Apgar _____ Sex _____

Complication(s) _____

## BABY POSTPARTUM CARE RECORD

| PROCESS | | Visit #1 (6-12 HRS) | Visit #2 (3 DAYS) | Visit #3 (2 WEEKS) | Visit #4 (6 WEEKS) |
|---|---|---|---|---|---|
| ASK/LISTEN | General | | | | |
| | Breastfeeding | | | | |
| LOOK/FEEL | General | | | | |
| | Breathing | | | | |
| | Temperature | | | | |
| | Weight | | | | |
| | Eyes | | | | |
| | Mouth | | | | |
| | Reflexes | | | | |
| | Skin | | | | |
| | Cord | | | | |
| | Other | | | | |
| IDENTIFY PROBLEMS/NEEDS | | | | | |
| TAKE ACTION | Counseling (Circle topics when done at visit) | Danger signs<br>Breast feeding<br>Other: | Danger signs<br>Hygiene<br>Breast feeding<br>Sleep<br>Cord<br>Jaundice<br>Immunizations<br>Other: | Danger signs<br>Breast feeding<br>Immunizations<br>Other: | Breast feeding<br>Immunizations<br>Growth monitoring<br>Other: |
| | Other Action | Cord care<br>Eye care<br>Delay bathing | | | |
| | Referral | | | | |

## WHAT DID I LEARN?

Answer the following questions:

1. Describe the physical changes that occur in Ibu Susy in the six weeks after she has delivered her baby.

2. How will you and others can help Ibu Susy's newborn baby adapt after delivery to meet needs for:

   Air

   Food

   Warmth

3. Ibu Susy delivered her baby 2 hours ago. How will you decide that she is not bleeding too much at this time?

4. If you decide that Ibu Susy is bleeding too much, what will you do?

5. You visit Ibu Susy three days after delivery. She has sore nipples. Describe three actions that you will take to help her with this problem.

   1)

   2)

   3)

6. When you examine Ibu Susy's baby 3 days after delivery, what will you expect to find and what will you explain regarding:

   Eyes

   Skin

   Cord

   Weight

7. Ibu Susy's baby weighs 2.7 kg at birth. Three days after delivery, the baby weighs 2.5 kg. Ibu Susy is worried about the weight loss. What will you tell her?

6. What does Ibu Susy need to do if she wants to use breast feeding to prevent pregnancy?

9. What other methods of family planning are available to Ibu Susy and her husband six weeks after delivery?

**Look up and compare your responses with the information in the Topic.**

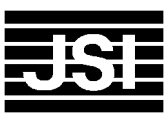
**Review any information you do not clearly understand.**

**Practice skills on the skill checklists in *Guide For Caregivers*.**

**Perform postpartum skills while a co-worker observes and gives feedback, using the skill checklists *Care of the Mother and Baby* for*:***

**1)** ***First Six Hours After Birth***
**2)** ***Three Days After Delivery***
**3)** ***Two Weeks After Delivery***
**4)** ***Six Weeks After Delivery***
***5)*** ***Family Planning Counseling***

**If you do not have a co-worker, then perform the skills on the checklist and check yourself. Repeat this five times and make note of your improvement.**

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